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18 May 2002

Numark to go plc: merger with Nucare?

Moss says LPS plans are too bureaucratic

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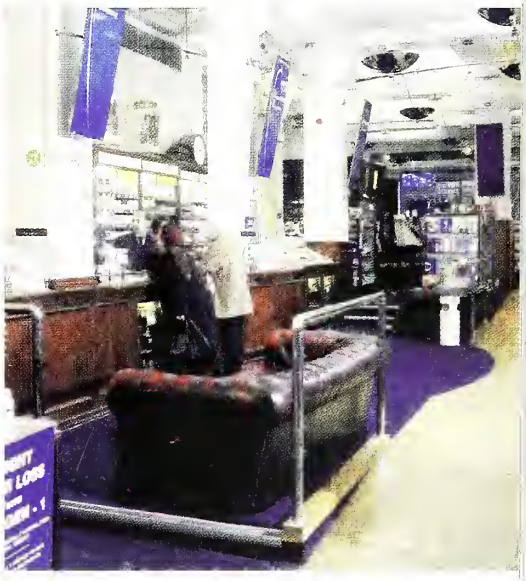

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References
1 The predisposing factors to DVT as identified by the House of Lords Select Committee on Science and Technology, 5th Report on Air Travel and Health 2001
2 Letsky EA. Thromboembolism during pregnancy. In Coagulation problems in pregnancy. Current revi obstetrics and gynaecology. London: Churchill Livingstone, 1985: 29-61
3 Nabatoff RA (1960). Varicose veins in pregnancy. *Jnl Am Med Assoc.* 174, 1712-16
4 The Drug Tariff, March 2002.

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The Newsweekly for Pharmacy

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News

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Features

Numark to go plc – Nucare in merger talks

Numark intends to convert from an industrial and provident society to an unlisted public limited company in August, subject to shareholder approval at an extraordinary general meeting in early July.

The move could raise at least £5 million.

The group is also having preliminary talks with Nucare over a possible merger. This would not happen until after Numark's conversion to a plc, but subject to shareholder approval could happen this autumn.

Numark's conversion to plc status is to release the value of its holding to shareholders, and to raise capital. The new company intends to develop a chain of jointly owned pharmacies throughout the UK in a bid to bolster the independent pharmacy sector.

A prospectus detailing the conversion plans will be issued in June. Numark chairman Lord Fowler and managing director David Wood will be addressing a series of shareholder meetings next month prior to the EGM.

The decision to change from IPS to plc is being recommended unanimously by the Numark board. It will require the approval of a 75 per cent majority of shareholders voting at the EGM. Under the rules governing industrial and provident societies a confirmatory EGM will be held in late July.

Under the proposals, all existing Numark shareholders' holdings will be mirrored in the new company.

In addition, shareholders who do not hold shares up to the present allowable maximum of £19,200 will be able to buy new shares up to that value.

A mechanism will be put in place entitling shareholders to apply for shares that are not taken up in the initial offer.

Numark said that in two to three years time, depending on a whole range of conditions, the new company intends to obtain a listing in London.

Between now and the expected date of incorporation of the new company in August no new applications for Numark membership will be accepted.

Following incorporation, the membership will re-open and it is anticipated all Numark members will be able to take part in a new share incentive scheme which wil grant shares on the basis of trading.

Numark became an IPS eight years ago with 860 shareholders. There are now 1,520 pharmacies in membership. The typical shareholder has around 900 shares. The new company will no be seeking investors outside its existing membership.

Lord Fowler: will address a shareholders EGM next month

Jointly owned pharmacy chain planned

Numark plans to develop a chain of jointly owned pharmacies.

Services to members will be developed, and tiered levels of membership will be introduced so that only pharmacies that deliver to specified standards will be allowed to display the Numark logo and sell its own-brand products.

"This is an important step in strengthening the independent sector," said David Wood, Numark's managing director, this week. "New levels of membership should reward those pharmacists that participate more fully within Numark and we plan to give entrepreneurial pharmacists the opportunity to share in ownership."

- Level one members would use Numark largely as a buying group, but could not use Numark branding or (after a period of six months) sell its own-brand products.
- Level two would replace the existing membership status, except that minimum standards would be mandatory. Mr Wood sees the bulk of members falling into level two. A team of business development managers would help out level two members.
- Level three pharmacies would still be independently owned but would implement a trading format and be tied to Numark under a five-year trading agreement.
- Level four would be as level three but the pharmacy would be partly owned by Numark.
- Level five pharmacies would be wholly owned by Numark.

Numark's pharmacy acquisition plans will focus on smaller units with a turnover under £650,000, below the level which interests the pan-European wholesalers.

"We would provide an ownership structure that not only delivers lower capital start-up costs but includes a full trading concept refit, tailored to suit the local market," said Mr Wood.

"We want co-owned outlets that deliver to multiple standards but offer local services."

It is envisaged that pharmacists would have the chance to own 100 per cent of the equity in the business after five years, at which point they would become a level three Numark member.

Numark chairman Lord Fowler commented: "These plans give us the financial strength to compete with the big chains. We already provide the service but too often pharmacies we have helped develop are sold to the multiples.

"These plans give us the opportunity not only of developing jointly owned pharmacies but also of buying existing ones – for example when a shareholder retires."

The consequences..

Combined, Numark and Nucare would represent 2,700 independent pharmacies.

Both parties stress that discussions are at a preliminary stage but if Numark shareholder do not support the conversion from an industrial provident society to plc it is unlikely the merger will go ahead. Merging a IPS and a plc is an "unknown process", according to Jon Cable of Numark's financial advisers, Bridgewell.

Nucare chairman Veni Harani sees synergies between Nucare and Numark in terms of their direction, strategy and goals. Their respective members' pharmacies have a good geographical fit.

"Nucare and Numark are strong organisations which have been going for less than a decad As a merged entity with 2,700 members, this truly becomes a national offering, good for its members and good for their customers," Mr Harania said.

He believes that manufacture and wholesalers would benefit from a merged organisation by having one national group to de with.

He also placed particular importance on the national presence of a combined range o own-brand products.

However, it will be business a usual in the meantime. One iten planned is the launch of a share incentive scheme for members, details of which will be announced at the Nucare Convention on May 17-19.

A brave new world: Numark and Nucare are considering a merger - providing Numark succeeds in becoming a plc

Moss queries need for LPS

Moss Pharmacy has questioned the need for local pharmaceutical services contracts because they could be too bureaucratic and inflexible.

Steve Duncan, Moss's managing director, said the LPS framework was not as clear as some people suggested, partly because it is based on a pharmacy contract that will be changed next year.

"How can you design something different from the contract, when you don't know what the contract is?" he asked.

Another potential pitfall could occur if the LPS submitted by a pharmacist needed to be modified, even if it was broadly working well. "Do you have to wait another year for an assessment before you can change any of the parameters and protocols you're using in the LPS?"

Such limitations, he added, could make it difficult to sell the concept to primary care trusts.

Mr Duncan believes that local service agreements could be a better solution because they would offer the flexibility to fine tune the services pharmacists offered. "Surely, with a new pharmacy contract that's flexible enough to allow access to part one monies, and allow you to develop local service agreements, you can achieve exactly the same as LPS."

Moss, however, is carefully examining the LPS pilot proposals. But Mr Duncan stresses it is not rushing to make a decision because it has to consider how the pilots could affect the geographic areas covered.

"The worst thing we want is a badly designed LPS that will skew the services that are available. It's going to be a backward step [if that happens]," he said.

Guide to LPS pilots

The National Pharmaceutical Association has launched a *Simple Guide to Local Pharmaceutical Services (LPS) Pilots.*

Produced with input from the National Prescribing Centre, the free guide is intended to help community pharmacy contractors and primary care trusts to develop their bids for LPS pilots. It interprets the Department of Health's guidance notes on LPS and explains how to manage the bidding process.

Georgina Craig, head of the NPA's NHS service development department, commented: "LPS is probably one of the most fundamental changes in pharmacy ever. It is crucial that all pharmacy contractors understand what LPS is and the implications for them - so this guide is designed to help them achieve this understanding."

The resource complements the LPS helpline and e-mail support service launched by the NPA in March.

For more information:
NPA 01727 832161.

Drug alert

Pharmacia is recalling eight batches of cytotoxic injections due to concerns over sterility as moulds have been detected during environmental monitoring of the manufacturing facility.

The affected medicines are cytaribine, epirubicin (Pharmorubicin) and doxorubicin. A class two drug recall was issued on Tuesday. More details of the affected batch numbers is available from Pharmacia's medical information department.

Substantial' pay claim awaits summer decision

The Pharmaceutical Services Negotiating Committee has submitted a "substantial" pay claim for 2002-03 due to the large increase in prescriptions over the last two years.

PSNC chief executive Sue Sharpe said the pay claim also included a recommendation that the Department of Health should "incentivise" pharmacists to help move them along Pharmacy plan lines. Rather than look for money for local pharmaceutical services in the global sum, the bid refers more to the Government desire to make better use of pharmacists and pharmacy staff.

An offer is not expected for a few weeks, but Mrs Sharpe hopes the claim will be settled in summer rather than autumn. "It's a long, long time since they have had a settlement on April 1," she said.

"Our submission is based on the volume and value of the work pharmacists are doing."

Although talks on a new contract have now started, Mrs Sharpe said this year's claim seeks to address deficiencies in the current remuneration structure.

"We are very much wanting to work towards the new roles but we recognise there's a limit to what can be achieved in the present global sum system," she said. "In the present contract we still have a lot to sort out because of the increasing workload implications."

In terms of the new contract talks, Mrs Sharpe said that discussions are taking place and letters exchanged between the DoH and PSNC, and that a series of meetings was likely to take place over the next few weeks.

Although health minister Hazel Blears had indicated that talks would not begin until LPS was underway, PSNC has argued that this would delay talks for too long.

Moss pilot to remove screens on P displays

Moss Pharmacy will soon be piloting front-shop P medicine displays without any screens.

Its two Total Health stores currently have the P displays with perspex screens. But the chain has been gearing up to remove the screens for nearly a year: protocols have been developed and the training needs of pharmacists and staff involved sorted out.

Steve Duncan, Moss' managing director, said fewer than five stores will take part in the pilot, which will happen in the next two months. "It won't be in Cannock [where the first Total Health store was launched last August] because everybody will go to have a look. We want the pilot to work in an ordinary environment," he said.

Mr Duncan said the pilot would run for as long as it took to gauge its impact – then the chain will debate the results. "We will not hesitate to pull the concept if we think it's going to create any difficulties," he said.

Meanwhile, Moss has plans to accredit pharmacy technicians. It will have two technicians on a course at Edinburgh's Telford College, and is developing a distance learning course which will start at the end of this year.

Moss' standard operating procedures for technicians and other staff will be rolled out towards the end of autumn.

"We have to try to empower technicians to match the limit of their abilities," said Mr Duncan.

YPG offers alternative modernisation option

The Royal Pharmaceutical Society should modernise itself without dropping its representative and regulatory functions, says the Young Pharmacists' Group.

It believes its suggestion was not included in the Society's recent discussion paper, and added that providers, recipients and payers of pharmaceutical services have not said they want the Society to split its dual role.

The YPG's preferred option would see most of the Society's current committees continuing to exist. But a regulation and compliance committee would concentrate the Society's various regulatory functions.

The new committee would be governed entirely by its members and would comprise pharmacists and lay members appointed by the Privy Council. Pharmacists would have a majority of one and be appointed by the RPSGB's Council.

Its function would be to operate with sub-committee and consider such areas as registration and statutory process;law and ethics infringements; and fitness to practise

YPG treasurer Mark Walker said this option would not require any change in the Charter or primary legislation so could be implemented within six months.

Ann Lewis, secretary and registrar of the Royal Pharmaceutical Society, visited the Harpenden, Herts, pharmacy of NPA Board member Graham Phillips as part of a fact-finding trip to see how 'grass-roots' pharmacists are playing their part in delivering the NHS Plan. Mr Phillips spent several hours talking with Miss Lewis about his work in supporting the local PCT, and said the meeting was "constructive"

PSNC

LPS rules 'scrutinised'

The Pharmaceutical Services Negotiating Committee is "scrutinising" the legislation required to implement local pharmaceutical service pilots.

"One of the key criteria for an acceptable LPS is the requiremen that the proposed service cannot be delivered by simply negotiatin local service agreements with the PCT, which run alongside the existing national contract," said the PSNC. "LPS proposals must provide services that cannot currently be provided and paid fo without LPS."

At its meeting last week, the Committee also discussed Government proposals to increas the number of primary care centres from 500, as suggested in the NHS Plan, to 750. PSNC is concerned about the possible effect of one-stop centres on existing community pharmacy.

To help local pharmaceutical committees and contractors respond to PCC proposals, the PSNC has commissioned a study which will be used in resource material in the summer.

It will also issuing guidance to secretaries on new structures for LPCs, and a model constitution will be issued.

PEOPLE

Boots looks after crash victims

Staff from Potters Bar Boots supplied first aid equipment at l week's Potters Bar train crash.

"Initially customers came in a said the bridge had collapsed at t station, which is near us," said Jayesh Shah, the pharmacist on duty. When staff realised it was a train accident, store manager Louise Lovell took dressings and first aid boxes to the site, he said.

A treatment room for the walking wounded was set up in a nearby Sainsbury's where Mr Shah and Miss Lovell discussed with nurses what they needed. "We supplied bandages, Melolin dressings, antiseptics, Steri-Strip and tweezers," he said.

Mr Shah stayed for about 15 minutes as there were already enough first-aiders present.

Questiontime

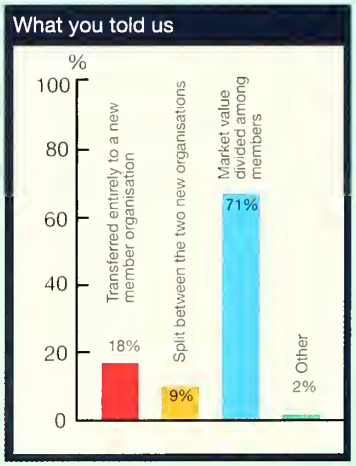
in association with UniChem

Last week we asked you: If the Royal Pharmaceutical Society were to be dissolved, pending the creation of a new regulatory body, how do you think its assets should be treated? (See right)

This week's question: Boots says it is having problems recruiting staff in London due to the cost of living. What is your main problem in recruiting suitable staff in your part of the world?

● Poor public transport ● Cost of living ● Local competition
● Lack of suitable applicants ● Other reasons ● No problems
You can record your vote on our website: *www.dotpharmacy.com*

Questiontime appears on the home page. Select your answer and click the "vote" box. Your answer is automatically collated. You have until noon on May 21 to vote. We will publish the results in *C&D*, May 25. If you have views on any issues raised in Questiontime e-mail *chemdrug@cmpinformation.com* or write to the Editor.



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White Soft Paraffin, Light Liquid Paraffin, Hypoallergenic Anhydrous Lanolin

The No. 1 emollient brand[1] has just become even more pleasant for your customers to use. Clinically proven E45 Cream is now available in a new 500g pump pack offering improved hygiene as well as great convenience.

PRESCRIBING INFORMATION. E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Adults, children and elderly: Apply to the affected part two or three times daily. **Contra-indications:** E45 Cream should not be used by patients who are sensitive to any of the ingredients. **Undesirable effects:** Occasionally, hypersensitivity reactions. otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. **Package quantities:** 50g tube, 125g tub, 500g pump pack. **Basic NHS Cost:** 50g £1.18, 125g £2.39, 500g £6.20. **Legal category:** GSL. **Product licence number:** PL0327/5904. **Product licence holder:** Crookes Healthcare Ltd, Nottingham NG90 1LP. **Date of preparation:** January 2002. **Reference:** 1. AC Nielsen, Grocery and Pharmacy, Volume, MAT May/Jun 01.

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New Dovobet® has changed psoriasis therapy for good - 73% of patients can now markedly improve or clear their psoriasis, with visible results in just one week.[1,2]

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Abbreviated Prescribing Information for Dovobet® 50 microgram/g + 0.5 mg/g Ointment. Indications: Treatment of stable plaque psoriasis vulgaris amenable to topical therapy. **Active Ingredients:** 50 µg/g calcipotriol (as hydrate) and 500 µg/g betamethasone (as dipropionate). **Dosage and Administration:** Apply twice daily not exceeding 4 weeks. Maximum dose should not exceed 15g/day. Maximum dose should not exceed 100g/week. Treated area should not be more than 30% of body surface. No experience of use for longer than 4 weeks or of repeated use. No recommendation for use in people under 18 years. **Contra-indications:** Hypersensitivity to any constituents. Patients with known calcium metabolism disorders. Viral skin lesions, fungal or bacterial skin infections, parasitic infections, skin manifestations in relation to tuberculosis or syphilis, rosacea, perioral dermatitis, acne vulgaris, atrophic skin, striae atrophicae, fragility of skin veins, ichthyosis, acne rosacea, ulcera, wounds, perianal and genital pruritus. Guttate, erythrodermic, exfoliative, pustular psoriasis. Severe renal insufficiency or severe hepatic disorders. **Precautions and Warnings:** Avoid inadvertent transfer to scalp, face, mouth and eyes. Wash hands after applying. Avoid concurrent treatment with other steroids. Adrenocortical suppression or impact on the metabolic control of diabetes mellitus may occur. Avoid application on large areas of damaged skin, under occlusive dressings or on mucous membranes or skin folds. There may be a risk of generalised pustular psoriasis. No experience of use on scalp. No experience of concurrent use with other antipsoriatic products or phototherapy. **Use in Pregnancy and Lactation:** Only use in pregnancy when potential benefit justifies potential risks. Caution when prescribed for women who breast feed. Instruct patient not to use on breast when breast-feeding. **Side Effects:** Pruritus, rash, folliculitis. Undesirable effects observed for calcipotriol and betamethasone. Calcipotriol: transient local irritation, dermatitis, pruritus, erythema, aggravation of psoriasis, photosensitivity, hypersensitivity reactions including very rare cases of angioedema and facial oedema. Hypercalcaemia or hypercalciuria may appear very rarely. Betamethasone: local reactions, especially during prolonged application including skin atrophy, telangiectasia, striae, folliculitis, hypertrichosis, perioral derm allergic contact dermatitis, depigmentation, increase of intra- pressure, cataract, colloid milia, generalised pustular pso Systemic effects occur more frequently when applied under occl to large areas and long term treatment. **Legal Category:** POM. P **Licence Number and Holder:** 05293/0003. LEO Pharmaceutical Pro Ballerup, Denmark. **Basic NHS Price:** £55.00/120g. **Date of Prepa** May 2002. **References:** 1. Douglas WS et al. Poster presen EADV 2001, Munich, Germany. 2. Data on file, LEO Pharmaceutical

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L E

MULTIPLES

New-style pharmacy for Safeway

Safeway launched a new-style pharmacy at the opening of its first Scottish megastore in Anniesland, Glasgow, this week.

The revamped pharmacy offers tests and services never before seen at Safeway.

For the first six weeks from May 15 the pharmacy is offering free blood glucose, blood pressure and cholesterol testing to customers who make an appointment.

After this trial period there will be a small cost for these services, with a discount if all three are taken.

Pharmacists are providing free advice on asthma management and smoking cessation.

A prescription nicotine replacement therapy service is being run in conjunction with the health board, and there are weekly support meetings for those who wish to give up smoking.

Alongside the pharmacy is a new beauty zone incorporating a nail bar staffed by beauty technicians.

Drug legalisation unlikely to happen

Pharmacists are likely to welcome a report by the cross-party Commons select committee on home affairs supporting an expansion of drug rehabilitation centres across the UK.

The committee, which has spent many months taking evidence on the Government's policy of prohibition, is believed to have rejected calls led by Mo Mowlam, the former Cabinet minister responsible for the policy, to totally legalise all 'recreational' drugs, such as cocaine, heroin and ecstasy.

The committee is expected to recommend a more cautious approach to hard drugs, while supporting home secretary David Blunkett's move to reclassify cannabis from a class B to a class C drug.

The Royal College of General Practitioners opposed any call for more GPs to be allowed to prescribe class A drugs to addicts on the NHS. The GPs feared they would become a target for addicts, with the pressure and sometimes violence that go with it.

Pharmacists were also reluctant to become targets of greater pressure from drug addicts to dispense class A drugs. Such pressure would inevitably follow a massive expansion of the current programme.

Instead, the MPs are expected to back moves by the Home Office to channel the programme for drug rehabilitation and dependency on secure units which are trained in dealing with addicts.

One Labour MP said: "Drug addicts steal prescription pads and put pressure on pharmacists to [dispense] more drugs. Secure units could help to reduce that pressure."

There is also an argument over the wider prescription of diamorphine. Some heroin addicts reject methadone as an alternative but, at the moment, only consultant psychiatrists and their clinical assistants may issue licences to prescribe diamorphine to addicts.

Bob Ainsworth MP, the home office minister, has said he would issue clarifying guidelines.

Travellers' diarrhoea preventable

Up to 50 per cent of travellers get diarrhoea, which can often be prevented by using simple measures, says the latest issue of *Drug and Therapeutics Bulletin*, published this week.

These include good personal hygiene and avoiding food and drink that might be contaminated. Travellers should drink bottled or boiled water, and use it to clean teeth and wash food. Uncooked eggs, shellfish and unpasteurised dairy products are to be avoided.

Antibiotics such as doxycycline, co-trimoxazole and quinolones can help prevent diarrhoea but should only be taken by travellers with health problems that would make getting an episode of diarrhoea dangerous, says the *DTB*.

If diarrhoea develops, the *DTB* recommends fluid replacement for adults and extra glucose and electrolyte replacement for children and the elderly.

Travellers to Africa, South America, parts of the Middle East and most of Asia have a high risk (20 to 50 per cent) of catching diarrhoea, caused by a bowel infection. It lasts around four days and about 10 per cent of those affected have bloody diarrhoea (dysentery). If the condition persists for more than 14 days, then further investigation is needed, says the *DTB*.

For more information:

www.which.net

MULTIPLES

Boots urges GPs, pharmacists and patients to work together

Boots has told Scottish medical directors that collaborative care between GPs, pharmacists and patients is one of the ways ahead in the treatment of chronic conditions.

"Healthcare professionals need to tap into patients' knowledge [of their illness and its treatment] to ensure that medicines are used effectively," Digby Emson, Boots' pharmacy superintendent, said at the annual meeting of the Scottish Association of NHS Trust Medical Directors last week.

Mr Emson outlined the role which community pharmacists can play. "The Scottish pharmacy strategy *The Right Medicine* envisages a much greater contribution from pharmacists through medicines management and supplementary prescribing," he said.

"The introduction of electronic transfer of prescriptions will provide a basis for better communication between GPs and pharmacists.

"All these developments, taken together, will enable pharmacists to offer collaborative care services that are convenient to patients, lead to improved health outcomes and lessen some of the pressures on the GPs."

Dr Mike Winters, medical director of Lothian Primary Care NHS Trust and chair of last week's meeting, welcomed community pharmacist input into patient care.

He said that, in Lothian, some community pharmacists were working with GPs to share patient care by providing information on drug interactions, lifestyle changes and repeat prescribing.

Scottish medical directors have a big influence on Scottish pharmacy services. They are viewed as clinical leads for the whole PCT, said Dr Winters, because they have a wider remit than their English counterparts as they cover GPs, dentists, pharmacists and optometrists.

Digby Emson: "tap into patients' knowledge"

Pharmacy books online relaunched

The Pharmaceutical Press has relaunched its website with a new look and more information about book titles.

Other new features include:

- secure online ordering
- an area for authors wishing to publish books on pharmacy
- sample chapters
- an area from which booksellers can order books and download marketing materials
- the chance to sign up for e-mail newsletters.

For more information:

www.pharmpress.com

Boots warns Mayor about London recruitment crisis

Boots The Chemists has warned the Mayor of London that high house prices are leading to a recruitment crisis in its London stores.

Mayor Ken Livingstone is said to be considering allowing Boots and other stores to build flats on their existing sites for staff to live 'above the shop' at cut-price rates.

Sources close to the Mayor said the London Plan, which is to be published next month, will include proposals for more homes in stores, supermarkets and petrol station sites, as part of a major expansion of City housing.

"Boots executives told us they had trouble recruiting managers for their stores," said one source.

"There has been a problem with public sector workers affording London property prices, but now it is affecting the retail sector."

A Boots spokesperson said it "was actively campaigning and promoting the use of surplus accommodation, especially above retail premises, for residential use".

Meanwhile Moss Pharmacy said although it did not operate many central London stores, recruitment for those branches had been no more difficult than in other areas.

Moss added that it has had greater success in London than in certain other areas of the country. It believes this is due to the attraction of the City, particularly to younger, recently qualified pharmacists.

Lloydspharmacy said it has not been affected because it does not have any central London outlets, except for John Bell & Croyden.

Pharmacy2U stakes all on ETP project

Pharmacy2U has sold its professional services division to focus on the electronic transfer of prescription (ETP) pilots and increase its dispensing business.

The division, which had secure several supply contracts with hospitals, was sold for an undisclosed sum to EGX Ltd, a specialist in providing professiona services to hospitals.

It was integrated into EGX's subsidiary 'Applied Dispensary Services' and continues to be headed up by John Cohen, as professional services director.

P2U's managing director, Daniel Lee, said the professional services business had not grown a quickly as it would have liked under its ownership because P2U's prime focus had inevitably been on ETP.

A lot of resources had to be allocated to the ETP project – P2U has invested £4 million to date.

"This [divestment] allows us to focus completely on ETP and John to focus on the hospital business," said Mr Lee.

Mr Cohen said the division had benefited from its association with P2U in terms of developing certain protocols, such as for the postal delivery.

However, the hospital business now required a larger infrastructure, which EGX could provide. He also agreed the spilt was the right way for both companies to go forward.

"The technical resources and managerial task of putting the ETP project together are enormous. Once it started at an operational level P2U's focus had to be on ETP and the end consumer," he said.

UniChem claims customer service crown from AAH

Most pharmacies choose their wholesaler on the basis of delivery criteria and, according to UniChem sales and marketing director Martyn Ward, his company is now ahead of its rival AAH Pharmaceuticals on all major delivery factors.

"At some point this industry needs to determine the value of the 98 per cent service levels wholesalers provide," he said. Competitors will find it hard to close the gap on industry leaders without major restructuring, he added.

Mr Ward was giving the results of a customer image survey by Taylor Nelson Sofres which, for the third year, showed UniChem outperforming AAH on measures of customer service. It also showed UniChem had improved – in the panel's view – in most areas compared to 2000.

UniChem's product offering was perceived as better than AAH's in areas such as ethical, OTC, and counter, although AHH was rated slightly higher for products for the elderly.

UniChem's own-brand was voted ahead of AAH's on price range and quality.

For the first time since the survey started in 1995 UniChem has overtaken AAH in competitive prices for generics.

Survey conducted by Taylor Nelson Sofres during February/March 2002.
684 questionnaires returned
Survey weighted to:
- 18 per cent UniChem CPI members
- 32 per cent other Unichem customers
- 50 per cent non-UniChem

Commuters at London's Waterloo station were entertained by a Benadryl 'sneezing statue' mime act this Monday to raise awareness during National Allergy Week (May 13-19). Commuters were offered a free allergy consultation, sponsored by Benadryl, at the station's Medicentre. Promotional materials were also distributed

Hospices awarded money for pharmacy services

Voluntary sector hospices will receive Government funding to cover NHS support service costs.

Currently some hospices pay for their drugs and for input from a clinical pharmacist, while others have their costs funded by the local health authority. Hospices buy drugs, dressings and clinical input either from local hospitals or community pharmacies.

For some hospices this means finding £50,000–£250,000 to fund their pharmaceutical costs, claims the National Council for Hospice and Specialist Palliative Care Services.

However, further details of how the money is to be allocated is needed from the Government, says Christine Shaw, director of policy and communications at the charity Help the Hospices.

"There is no clarity yet," she said. "One concern is that any funding may only cover existing arrangements between hospices and hospitals. The funding may not include hospices which purchase drugs direct from community pharmacies." She expects funding details to be sent to hospice chief executives soon.

Following the launch of the NHS Cancer Plan in September 2000, the Governme said it would invest £50 million by 2004 to end inequalities in access to specialist palliative care services and to provide a contribution to the costs incurre by hospices.

For more information:
www.doh.gov.uk

There's now a 14-day Zirtek pack that's exclusive to pharmacies. With 14 tablets instead of 7, it's more convenient and economical for your customers. More profitable for you. And even more of a blow for hayfever.

NEW 14 DAY PHARMACY PACK

IRTEK ALLERGY/ZIRTEK ALLERGY RELIEF
RESENTATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride.
SES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.
OSAGE AND ADMINISTRATION: Adults and children aged 6 years and over: 10 mg ily. Children between 6 to 12 years of age: either 5mg (1/2 tablet) twice daily or 0mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. Zirtek lergy Relief: Adults and Children aged 12 years and over: 10mg once daily.
ONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy d lactation. **DRUG INTERACTIONS:** To date there are no known interactions. As th other antihistamines avoid excessive alcohol consumption.
DE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Convulsions have very rarely been reported.
PACKAGING/PRICE: Zirtek Allergy: Pack of 14 tablets = £7.95 Retail. Zirtek Allergy Relief: Pack of 7 tablets= £4.45 Retail.
LEGAL CATEGORY: Zirtek Allergy: P. Zirtek Allergy Relief: GSL.
MARKETING AUTHORISATION NUMBER: PL 08972/0032
MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH.
FOR FURTHER INFORMATION PLEASE CONTACT: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002.
DATE OF PREPARATION: April 2002
UCB-ZAR-02-109

Solaraze rights transferred

All European marketing rights for Solaraze, a topical treatment for the pre-cancerous skin condition actinic keratosis, have been transferred from Skye Pharma to Shire Pharmaceuticals.

The total consideration is for £15 million, £2.1m of which depends on certain conditions being met, such as the launch in European countries. Skye will also receive royalties on all European sales. Solaraze was launched in the UK in 2001.

New distributor for Neolab products

Neolab Ltd has appointed Healthcare Logistics as its primary storage and distributive services provider. Deliveries will now take place from Healthcare's new 120,000sq ft facility in Bedford. However, orders should still be placed at Neolab's offices in Hants. Pharmacists should continue to contact Neolab with any queries.

Transposed digits

Two digits were accidentally transposed in the phone number for Park Systems last week. The correct number is 0151 2982233.

ComingEvents

MAY 21

Leicestershire & Rutland Branch, RPSGB,
Prize Winning Poster? Members are invited to vote for a student project poster to win the Branch Prize. Room 0.12, School of Pharmacy, De Monfort University. Cold Buffet from 7pm.

MAY 22

West Metropolitan branch, RPSGB,
Information systems for pharmacy practice – opportunity for excellence, Ian Shepherd, RPSGB's Head of Information management, The Irish Centre, Blacks Road, Hammersmith, London W6, 7.30pm for 8pm

NICPPET,
Promoting change, NICPPET Resource Centre, School of Pharmacy, Belfast, 10am to 5pm.

MAY 27

NICPPET,
E-mail and the internet, The Beeches, Belfast, 9.30am to 5pm.

AAH to roll out direct debit plan

AAH Pharmaceuticals is preparing to introduce a direct debit scheme for its customers and is currently consulting with its retail consultative board.

Testing of the software is in the final stages and the system is expected to roll out during the next quarter. AAH customers will then have the option of signing a direct debit agreement as an alternative to settling their monthly bills by cheque.

Ian Davidson, AAH Pharmaceutical's finance director, said customers would benefit from setting up a direct debit because they would have the security of knowing that their money reached the correct account in time to make them eligible for the full wholesaler discount. The new system, he added, would not affect pharmacists' cash flow.

At the same time it has emerged that AAH has been the victim of a sting-type operation.

At the end of November and December 2001 cheques from several customers were intercepted and paid into a small number of bank accounts across the country. Police believe that only a handful of customers hav been affected and that the chequ were paid into at least three different accounts. A man has been arrested and charged with "retaining wrongful credit".

Wayne Glassock was due to appear before Havering Magistrate Court on May 16 for committal hearing, after which t case is likely to be referred to th Crown Court.

The customers affected have been given extra time to settle th outstanding balanee and AAH is in contact with both the banks a the pharmacists.

"21st Century Medical Science, Challenges and Dilemmas" was the subject of the 18th Wallace Hemingway Memorial Lecture, given by Professor Trevor Jones, director-general of the Association of the British Pharmaceutical Industry, at Bradford University. Prof Jones talked about the advances being made in medical science resulting from the biological revolution in the field of genomics, proteomics and cell biology. He also outlined the potential ethical and moral dilemmas that these advances could raise in society, and talked about the huge possibilities this work presents in the prevention of disease. The lectures were initiated by Wallace Hemingway in 1979 and continue to be sponsored by Approved Prescription Service (APS), where Mr Hemingway was managing director and company secretary between 1953 and 1976. From the left: John Hemingway, Simon Tweddell, Professor Brenda Costall, head of department at Bradford School of Pharmacy, Professor Trevor Jones, Alice Hemingway, Professor Chris Taylor, vice-chancellor of University of Bradford, Joyce Kearney, Keith Hemingway and Andrew Hemingway

T&R/Hewlett agreement

Thornton & Ross has signed a licence agreement with Hewlett Healthcare Ltd regarding its treatment for atopic eczma, Altoderm. T&R will make a series of milestone payments to Hewlett, as well as royalties on sales. The product, which is undergoing phase III clinical trials, is expected to be launched in 2004.

MARKETING

Olympia to host new pharmacy show

A national pharmacy show will take place at London's Olympia exhibition centre on October 20–21.

The launch of the "New Pharmacy" show, which will be organised by Warwick-based Pioneer Networks, comes on the heels of the cancellation of Chemex 2002.

The exhibition is said to focus on the future for pharmac with a content that "reflects the increasing importance of style, beauty, health and fashion products".

The show's director Nick Orton said "... we've got fashion shows that showcase the latest in staff uniforms, lingerie and eye wear, beauty and cosmetics demonstrations, a range of exciting complimentar therapies and top quality business and education seminars."

Organisers of the exhibition said New Pharmacy was drawin on Pioneer's past successes wit "The Pharmacy Show".

For more information:
E-mail:
t.florence@pioneernetworks.co.uk
Tel: 0870-333-1277.

Napp loses right to appeal over fine

Napp Pharmaceuticals will not be able to appeal against the £2.2 million fine handed down by the Office of Fair Trading (*C&D, April 7 2001, p24*).

The OFT's appeals tribunal refused to grant Napp leave to appeal, a decision which marks the end of the legal process for the pharmaceutical company.

The OFT had found Napp guilty of infringing competition law because it set up a dual price structure for its morphine product (MST), which meant community pharmacies were being charged far more than hospitals. Napp was fined £3.2m, which was later reduced by £1m (*C&D January 19, p11*).

Napp said it was struggling to understand both the logic and the fairness of the legal decisions. John Brogden, managing director of Napp, said: "We have learnt to our cost how narrowly markets may be defined under competition law and I remain convinced that the wider implications of this case are still largely unrecognised.

"Companies in dominant positions, in narrowly defined markets, are now not allowed to recoup the costs of failed R&D from the profits earned from their successful products. This must have implications for the future of research and development in this country."

Pharmacy sales growth below average

Pharmacy sales growth lagged behind other retailers in April, according to figures released by the Confederation of British Industry.

While 70 per cent of general retailers said sales had risen compared with a year ago, only 44 per cent of pharmacists stated the same.

Just over a fifth of the pharmacists questioned for the CBI's Distributive Trades Survey reported declining sales, leading to a balance of plus 23. However, this is a considerable improvement over March's balance of plus 1.

The balance for retail in general was plus 57, compared with plus 31 in March, and represents the highest balance for an individual month since August 1988.

Pharmacists expect no change in the situation for May.

Meanwhile data from Information Resources shows that sales of suncare products in the major grocers and health & beauty retailers, including Boots The Chemists and Superdrug, rose 22 per cent during the first quarter of the year compared with the same period 12 months ago.

Sales of medicines grew 9 per cent but IRI said the growth had slowed down following the abolition of Resale Price Maintenance in May 2001.

Last year sales of health and beauty products accounted for £6.4 billion or 2.4 per cent of total sales.

The H&B sector grew 6.9 per cent, slightly ahead of sales growth during the first quarter this year (5.9 per cent).

Comment
from the Editor

A merger between Numark and Nucare has been mooted for years. Buying groups have grown as fast in the past five years as multiple pharmacies did in the early 1990s. Consolidation has been an option as the number of potential recruits in a limited market has dried up. Until now a number of factors have stood in the way.

One is practical: Numark is an industrial and provident society and Nucare a public limited company. One party had to move before a merger could go ahead: Numark plans to (see p4). Another is maturity. Nucare is the younger organisation. With a growing membership and energetic management team, it was breaking new ground and could perhaps see little logic in joining forces with a competitor. But, with growing maturity, Nucare has started hitting the same obstructions to progress as Numark and has developed, or been channelled by the market place, into similar solutions. The bottom line is both groups want a strong independent sector, support the development of their brand and espouse the virtues of the virtual chain. Both are prepared to buy businesses to achieve these aims. Another barrier has been a cultural one, and it may still be. At one level it has to do with corporate approach and management style, at another with the membership profile of the groups and the way they network. Should a Numark-Nucare merger go ahead – and it is not a forgone conclusion – it will produce a retailer-owned business with 2,700 pharmacy outlets. As a "head office" for manufacturers and wholesalers to deal with it will carry as much clout as any large pharmacy multiple. If it can bring the retail disciplines to its members that most symbol groups have struggled with to date, it will have more. If the cost of strengthening the independent secto is the adoption of a more corporate approach, are proprietors prepared to pay? It is an intriguing prospect.

Should a Numark-Nucare merger go ahead it will produce a retailer-owned business with 2,700 pharmacy outlets

Yourviews

RPSGB secretary and registrar Ann Lewis says the Society's procedures are as robust as any

Our financial systems are robust

I was surprised to see the "Your Views" contribution by Andrew Hersom in last week's *C&D* as only in March this year I discussed the Society's financial procedures at a meeting of the Hull Branch, of which Mr Hersom is secretary.

I would like to assure your readers of the robust processes that are followed to ensure the Society's activities are transparent and accountable to members.

Mr Hersom questioned the transparency of the Society's financial activities. Misleadingly, he also referred to 'the auditors' as a generic group when there are, in fact, three forms of audit, each with independent, distinct functions. These are:

- external auditors, currently Horwath Clark Whitehill
- an internal audit function carried out by HLB Kidsons (now Baker Tilly), a professional firm experienced in that area
- the honorary auditors.

The external auditors make two visits to the Society totalling more than four weeks, during which they scrutinise and report on the organisation's accounts, financial controls and statutory financial statements.

During 2000, the Council established an Audit Committee which is charged with, among other duties, the establishment of a sound internal audit function to monitor both financial and non-financial measures and controls. Additionally it examines, reports on and recommends methods of best practice for corporate governance and management effectiveness via a programme of visits and investigation.

Finally, the Society's honorary auditors have full access to all financial statements and inspect and make comments regarding those statements on behalf of the Society's members.

At the honorary auditors' meeting, they are able to address any of their concerns directly with the Society's external auditors, investments manager, treasurer, president, myself and the director of resources.

The Society's finances are managed on a day-to-day basis by competent, accountable professional staff. The setting of budgets and their regular monitoring is overseen by the Resource Management Committee, a sub committee of Council which meets regularly.

The format of the Society's financial statements has been developed to provide consistent and comparable data that complies with the major disclosure requirements of company reporting – considered best practice for the Society.

Ann Lewis: there are three forms o audit with independent functions

The financial statements comply with the statutory regulations, Financial Reporting Standards, issued and enforced b the Financial Reporting Council. Only if there were changes to these statutory regulations woul the Society alter the format of it financial statements.

The Society's full accounts fo 2001 were published on May 1 and can be viewed on our websit *www.rpsgb.org.uk*. Copies can als be obtained from the Society's finance administrator on tel: 020 7572 2245.

INDUSTRY VIEWPOINT

Expanding patient choice

Enabling patients to choose how they access medicines, and empowering them to manage their own care with the help of skilled healthcare staff is the vision of the Government as announced by Lord Hunt.

A combined effort and a shift in current practice will be required from industry, pharmacists and doctors if this vision is to become reality.

The focus will be on chronic conditions such as hypertension, asthma and psoriasis, to name a few.

To date, more than 50 ingredients have switched from POM to P and many have subsequently switched from P to GSL in a trend that looks set to continue. It is understandable that pharmacists don't like it, but the Government wants it, patients want it, and industry recognises its commercial importance.

If industry is to switch ingredients for chronic conditions

If pharmacists are reluctant to embrace this new paradigm they will miss an important opportunity

it will look for active support from pharmacy. Pharmacists should expect skill development from industry in the form of education and training.

If pharmacists are reluctant to embrace this new paradigm they will miss out on an important professional and commercial opportunity.

In today's world of healthcare change is the one constant. For pharmacists who have spent most of their professional lives confined to the dispensary, the thought of selling medicines to and managing people with chronic illnesses may seem a step too far.

But if pharmacists can't take on this change, how will they ever cope with initiating prescribing?

Contributed by a senior industry manager

TOPICAL REFLECTIONS

Will supply difficulties dog T&R's OTC ambitions?

First Thornton & Ross purchased many OTC medicine brands from SSL. Now the company moves into the cough and cold market by buying some brands from Galen. This is an expansion that T&R's chief executive, Dieno George, claims he has been been seeking for some time (*C&D May 11, p12*). If successful it's a move I welcome but, as the company takes on the mantle of small brand saviour, I hope it quickly addresses the current supply problems.

I welcomed the news of purchase from SSL in March but, nearly two months on, most of those brands are still unavailable. If the Galen purchase has now to be consolidated then I am fearful the supply difficulties could become so protracted that I will lose both sales and customers. I am still amazed at customers' persistence in remaining loyal to brands they are unable to purchase but, eventually, alternatives have to be sought. If those alternatives are effective, then market will be irreversibly lost.

I want to believe in a new T&R dawn but, if supplies are not quickly forthcoming, I fear the road back to a significant market share could be long and painful.

What's Kava Kava to me isn't to others

Last November I removed a herbal remedy, Kava Kava, from sale on the advice of the Medicines Control Agency after reports of liver damage from its use in Germany and Switzerland. I only had a few bottles but they have been gathering dust in the stock room ever since, awaiting more information from the MCA, and I had almost forgotten their existence.

Now I read (The *Guardian, May 10*) that Holland & Barrett, a large healthfood chain, is still selling Kava Kava on the grounds that it has been unable to justify the original advice of the MCA and, in the absence of any further information, has decided to continue its sale.

My loss of sales are too insignificant for me to worry about but, once again, the weakness of UK controls over the sale of unlicensed medicinal herbs has been exposed. A licensed medicine is instantly banned on suspicion of dangerous side effects, but similar concerns voiced about unlicensed herbal remedies sold under the guise of food supplements can be ignored with impunity.

Just press the buttons and hope for the best

I found last week's feature on information technology (*C&D May 11, p34*) both fascinating and frightening. Having just started to understand the changes that could come out of *Pharmacy in the Future*, I now face its computerised consequences.

I have so far treated my dispensary computer like a washing machine. As long as I press the right buttons in the right order the desired result will be achieved and I do not have to understand how. In future it will be essential for me to make an informed choice about which computer system to buy and which software to run.

Best practice medicines management cannot be achieved effectively without computer support. The future will be about understanding what data to collect, how to analyse that data and what to do with it. That long dreamed of evidence-based service can be achieved with sophisticated computer systems, but only if I am able to define my requirements.

That is a daunting task, but in my PCT the doctors have already set up a technical support committee to advise GPs on computerisation and IT training. I do not expect the PCT will financially support a similar initiative for pharmacy but the principle is sound.

What is needed is a local pharmacy forum to brainstorm everyone's ideas and produce an understandable template. I must set aside my commercial instincts because co-operation is essential. Now, who is my LPC representative?

Drink case deferred

A senior pharmacist at a Birmingham hospital pledged in March that he would not go back to work until he had sorted out his drink problem.

Alexander Harper, who has been living at an Alcoholic and Narcotic Addictions Treatment Centre in Hampshire, was told to return to the Royal Pharmaceutical Society next year to show them he was in control of his alcoholism.

On March 21, Committee chairman Lord Fraser of Carmylie adjourned the case until September 2003 – two years from the date since Mr Harper has been sober – to assess the matter. "This case is a health committee case rather than a conduct committee case," said Lord Fraser.

"Unfortunately, the Society still does not have a health committee established and reluctantly we have to act as quasi-health committee.

"Mr Harper suffers from an illness and so it is not for us to hinder the progression of his recovery."

Addicted pharmacist stole

A pharmacist who started taking drugs because of a phobia about going to the dentist became addicted and was arrested for stealing drugs from his employers.

But the police officers who arrested him pleaded for him to be allowed to stay in practice.

They told a hearing of the Royal Pharmaceutical Society's Statutory Committee that Christopher Dotchin, of Lonen, Newcastle on Tyne, immediately admitted to the theft and had undertaken intensive counselling to rid him of his addiction.

For the Society, Geoffrey Hudson said the theft of 1,208 dihydrocodeine 30mg tablets from the Numark Pharmacy in Four Lane Ends, Berston, Newcastle took place over 24 days last April and May.

It was uncovered when Detective Constable William Fleming, a drugs inspection officer with Northumberland Police, made a routine check on the drugs records at the pharmacy.

When Mr Dotchin arrived for work the policeman found him "obviously under the influence of something".

After the pharmacist was arrested and charged he was advised to go for treatment at a local addiction centre. That July police gave him an adult caution.

Appealing to the Committee not to remove Mr Dotchin from the Register, DC Flemming said he believed Mr Dotchin had not taken any drugs since his arrest.

Another Northumberland Police Drugs Inspector, Det Constable Peter Smiths, had concluded that Mr Dotchin was "crying out for help with his addiction".

"With support he is able to continue as a pharmacist," said the officer.

Society Inspector Frances Hopkins said she was also helping with the chemist's rehabilitation. "He is continuing well and works three days a week, one day of that under supervision in another pharmacy. I believe that, in time, he will be able to get back to five days a week in the dispensary."

Mr Dotchin explained to the Committee that he had started taking the drugs in an attempt to overcome a phobia about going to the dentist. The habit had become an addiction and at the time of his arrest he was taking more than 3 tablets a day.

"I am thoroughly ashamed of what I did. I know it was wrong but I do want to return to practice," he said.

The Committee decided to adjourn the case for a year during which time they expect Mr Dotchin to remain clear of drugs, continue to be treated by a psychiatrist, and attend counselling sessions.

"Keep up the treatment," said Committee chairman Lord Fraser of Carmylie. "It is clear to us an encouraging that you have received such invaluable support from all who have been involved in this case – including the police, your present employer and your psychiatrist."

Prescribing errors lead to reprimand

A Yorkshire pharmacist who dispensed the wrong prescriptions to patients and mixed up pill box labels was reprimanded on April 24 by the Royal Pharmaceutical Society.

At a hearing of the Society's Statutory Committee, Baldev Kaur Flora, of Leeds, faced a series of allegations which the Soeiety said amounted to misconduct.

The breaches of conduct took plaee at a pharmacy owned by Miss Flora, in Cottingly, Bradford.

Presenting the Society's case, Geoffrey Hudson said that, during an investigation, a Society Inspeetor had found "a lot of chit-chat going on in the pharmacy" whieh must have easily distracted Miss Flora as she was dispensing.

The allegations covered a period between the summer of 2000 and early the following year.

In one case, Miss Flora had given both pethidine and methadone to a patient under treatment for addiction, when his doctor had preseribed methadone only.

The mistake came to light when the patient reported back to his doctor for a repeat prescription, saying he wanted pethidine because he preferred its effects to those of the methadone.

The doetor in turn reported to Miss Flora, who admitted her mistake and told the local drugs squad.

On that oceasion police and the Society's inspeetor, David Slater, warned Miss Flora to be more careful, but did not institute any proceedings against her.

Questioned by her solicitor, Sarah Morgan, Miss Flora said she believed many of the mistakes had been made because she had installed a new computer at the pharmaey which she found difficult to operate.

Since then she had attended a course on the elimination of risks in prescriptions and was currently undergoing computer training.

She had also introduced a new system of checks and counter-checks at the pharmacy and agreed with the Committee that she should employ a fully qualified dispenser in the shop to make the checking system even more efficient.

Expenses scam pharmacist reinstated

A Manchester pharmaeist who swindled his employer out of more than £2,000 in fiddled travel expenses was restored to the pharmacists' Register on April 22.

Johur Husseen, of Manchester, was struck off in July 2000 after admitting the false travel claims to Superdrug, where he had been working as a locum at various branches in the Manchester area.

When Mr Husseen was struck off, he was told that if he could show he had not been involved in any dishonest activities for a reasonable period, the Committee would consider restoring his name. Mr Husseen applied for restoration last September, but the Committee decided that more time was needed.

At the latest hearing Mr Husseen apologised for the original expenses fiddle and for any inconvenience caused to the Committee. All the money had been repaid to Superdrug.

Committee chairman Lord Fraser of Carmylie QC said they were satisfied that Mr Husseen's name should be restored. There had never been any complaints about his work in any pharmacy.

Welcome to the 'top people's pharmacy'

John Bell & Croyden had a £2.6m facelift to improve the store's professional services. Nina Keller-Henman looks at Lloydspharmacy's jewel in the crown

Out with the old, in with the new – the dispensary before (above) and after the refit

The reason that John Bell & Croyden is often referred to as the "Harrods of pharmacy" becomes instantly obvious as soon as one enters Lloydspharmacy's flagship store.

JBC is as far removed from your average pharmacy as the Knightsbridge landmark is from an ordinary department store.

For one thing, there is the sheer size of the store and its location near Harley Street is tangible through extensive surgical and dental ranges.

And where else would you find a special pharmacy counter for doctors?

While both are linked to the dispensary, the two counters are clearly separated, a fact which, Anita Gundecha, chief pharmacist at JBC, says, has proved to be highly advantageous.

"We can now offer GPs a fast-track system without showing customers that we give them [doctors] the priority."

As one of Lloydspharmacy's "beacon branches", extending pharmacist-led services was at the centre of the £2.6 million refit of JBC during much of last year.

Key to achieving this objective was the installation of a new, private counselling room, situated next to the open-plan dispensary.

As a result of having a designated room for providing diagnostic services, the range has been extended to food intolerance and HDL – cholesterol testing, healthy heart checks, blood-pressure monitoring as well as MOTs on diagnostic meters.

As Ms Gundecha explains, the health food office had previously been the only place available for such services and private consultations.

"We could not get in there [the health food office] all the time, and it was quite a way from the dispensary," she says.

JBC's chief pharmacist adds that training of key members of staff is playing a vital role in delivering the new services, in terms of giving them the necessary confidence and knowledge to deal with customers' queries.

One member of the JBC team is regularly training colleagues in the use of surgical and diagnostic equipment, and a training rota has now been established.

In addition, manufacturer representatives provide on-site trainin several times per week.

Ms Gundecha feels that a well-grounded skill and knowledge base becomes particularly important in relation to the self-selection of P medicines.

As part of the refit, pharmacy lines have been brought out from behind th counter on to the main shop floor, bu are being kept behind glass doors.

Pointing out that dispensary staff are already trained to a very high standard, Ms Gundecha still believes that much more needs to be done.

"I would go down the open P medicines road, but we still need to have staff trained up to the required level," she explains.

One misconception Ms Gundecha would like to set straight over the coming months is the impression that JBC dispenses only private prescriptions. She says the company is beginning to advertise its services more, especially the NHS prescription service.

JBC's general manager, Kate Franklin, adds that the company is trying to expand its wholesale and export business into new markets outside its traditional areas of Europe and the Far East.

The store itself has been opened up considerably during the refit by removing walls that had traditionally separated the surgical and mobility aids sections from the rest of the store.

Customers can now view the whole store and its offering from the main entrance. Dedicated showrooms for walking and bathroom aids have also been established.

The number of outside practitioners running special clinics has increased and now includes a nutritionist, chiropractitioner, surgical fitter, aromatherapist, as well as hair and hearing aid clinics. And an Ayurvedic Clinic recently opened at JBC (*C&D April 6, p12*).

Bringing JBC up to date and into the 21st century has not been an easy task.

"John Bell & Croyden is a unique store with a unique pedigree," says Nick Stokes, Lloydspharmacy's marketing director.

"The main objective of the refit was to capture the heritage and history without doing it as a historic store and going down the Victorian route."

Left: doctors are served at a designated counter, and special showrooms have been introduced (below)

NEOCLARITYN TABLETS

ABBREVIATED PRESCRIBING INFORMATION

Neoclarityn (desloratadine) 5 mg film-coated tablets. **Uses:** Neoclarityn is indicated in adults and adolescents for the relief of symptoms associated with seasonal allergic rhinitis and chronic idiopathic urticaria. **Dosage:** *Adults and children 12 years and over:* One 5mg tablet, once daily. **Contra-indications, Precautions:** Hypersensitivity to desloratadine, loratadine or excipients. Efficacy and safety of Neoclarityn have not been established in children under 12 years of age. Neoclarityn should be used with caution in patients with severe renal insufficiency. Neoclarityn does not potentiate the performance-impairing effects of alcohol. No clinically relevant interactions were observed in clinical trials in which erythromycin or ketoconazole were co-administered; however, some interaction with other drugs cannot be fully excluded. The safe use of Neoclarityn during pregnancy has not been establishad. Neoclarityn should not be used during pregnancy unless the potential benefits outweigh the risks. Desloratadine is excreted into breast milk, therefore the use of Neoclarityn is not recommended in breast-feeding women. Neoclarityn has no or negligible influence on the ability to drive and use machines. **Side-effects:** At the recommended dose of 5 mg daily, undesirable effects with Neoclarityn in excess of those treated with placebo were reported in 4% of patients. The frequency of adverse events in excess of placebo is:

fatigue (1.2 %)
dry mouth (0.8 %)
headache (0.6 %)

Overdose: In the event of overdose, consider standard measures to remove unabsorbed active substance. Symptomatic and supportive treetment is recommended. No clinically relevant effects were observed following administration of up to 45 mg of desloratadine (9 times the clinical dose). Desloratadine is not eliminated by haemodialysis; it is not known if it is eliminated by peritoneal dialysis. **Presentation:** Neoclarityn is supplied in unit dose blisters comprised of leminant blister film with foil lidding. Packs of 30 tablets. **Basic NHS Price:** £7.57. **Marketing Authorisation Numbers:** EU/1/00/161/011, 30 tablets. **Legal Category:** Prescription only. Further information availabla from Schering-Plough Ltd, Shire Park, Welwyn Garden City, Herts., AL7 1TW. **Date of revision of text:** August 2001.

Schering-Plough

Neoclarityn and Schering-Plough are trademarks.
Date of preparation: January 2002. NCL/02-197

NATURAL SELECTION

FOR CHRONIC IDIOPATHIC URTICARIA AND SEASONAL ALLERGIC RHINITIS

NEOCLARITYN™
DESLORATADINE

www.neoclarityn.co.uk

Mary Allen, **FRPharmS, tells a cautionary tale about the need to check what non-prescription medicines patients are taking – and how to avoid conflict with GPs**

Hearts, minds & heads

Peter Jones was a 40-year-old who came to Jill Brown's pharmacy from time to time. Jill remembered first being aware of him about four years ago when his wife was seriously ill and subsequently died, leaving him with several young children. At the time his grief was very apparent – it almost seemed as though his heart was broken.

The story so far

Following his wife's death, Peter had taken fluoxetine for some months. Then, around six months ago, he had visited the pharmacy for a prescription for one of his children.

He made a point of telling Jill how he was much better now and had cut down on alcohol which, he confessed, he had been drinking a lot.

He also said he had lost some weight and was going to the gym regularly.

However, from his PMR it was clear that a couple of months later he was prescribed low-dose propranolol for anxiety and amitriptyline, which was replaced later with citalopram.

His PMR was a bit patchy, indicating that he was either non-compliant with his treatment or that he didn't always use the same pharmacy.

Prescription one

Just after Christmas Peter came in with a prescription for: 'sotalol 80mg one tab twice daily citalopram 20mg one tab daily.'

He told Jill that he had been in hospital following what he described as "a mini heart attack" and he was now taking some tablets to "calm his heart down" and treat his irregular heartbeat.

Beta-blockers are used in hypertension and to manage arrhythmias, being Class II anti-arrhythmics. They work mainly by reducing the effects of the sympathetic system on the heart.

Sotalol is a non-cardioselective beta-blocker with class III as well as Class II anti-arrhythmic activity. It has been found particularly useful in the management of certain conditions involving ventricular tachycardia due to coronary disease or cardiomyopathy.

However, it may prolong the heart's QT interval, and the *BNF* notes that it can sometimes cause life-threatening arrhythmia known as *torsades de pointes* in susceptible patients.

The Committee on Safety of Medicines has issued advice limiting its use to the treatment of ventricular arrhythmias or prophylaxis of supraventricular arrhythmias and saying that, unlike other beta-blockers, it should no longer be used for other cardiovascular conditions.

Citalopram is an anti-depressant. It is a selective serotonin re-uptake inhibitor (SSRI) and, according to the literature Jill had to hand, there was no indication of an interaction between the two drugs.

Prescription two

A month later Peter returned to the pharmacy with a prescription for: 'amitriptyline 50mg tabs. Two at night'.

Is this OK to dispense?

Amitriptyline is a tricyclic antidepressant, contra-indicated in people with arrhythmias (see *BNF* monograph). Further, Appendix One of the *BNF* states that the risk of the arrhythmias associated with sotalol is increased by tricyclic antidepressants.

The SPC for Betacardone (sotalol) says sotalol should be used with great caution in patients receiving other drugs that prolong the QT interval, including tricyclic antidepressants.

Jill told Peter that she wanted to talk to the GP about his medicines, and that this would take a few minutes, provided she was able to contact him.

Peter told Jill he had been taking this medicine for a couple of weeks now as the citalopram

Continued on page 22 ▶

BSIP, Chassenet/Science Photo Library

Treatment for depression may create some unusual interactions with OTC preparations, such as the use of hair lotion for baldness

◀ Continued from page 21

hadn't seemed to be helping, and the GP had put him back on amitriptyline. He also mentioned that he had an appointment with the cardiac specialist the following week.

When Jill spoke to the GP she found him unwilling to consider changing Peter's medication. Although he was usually happy to listen and make appropriate changes, he was not inclined to do so today.

While he recognised that Peter had an arrhythmic heart condition, he told Jill that he wanted his patient to stay on amitriptyline for his depression, as he hadn't responded well to the SSRI.

Jill felt unsure what to do. She didn't want to alarm the patient. Remembering that he had an imminent hospital appointment, she told Peter to mention his antidepressants to the specialist. She said, carefully, that certain antidepressants could sometimes be a bit problematic, and that the patient information leaflet included in his packs of medicines would mention this, particularly in relation to cardiac conditions and the medicines used to treat them.

While she knew about the medicines, she wasn't a doctor and didn't fully know about Peter's heart condition, so she felt it might be a good idea to ask the specialist's view.

A few days later, Peter phoned the pharmacy. He asked Jill if it was true that "hair lotion for baldness" could affect heart conditions, as one of his mates had told him that this could be so. He had been using 5 per cent minoxidil hair lotion for some time now, and been fairly liberal with it.

Jill was unaware that Peter was using this product and was surprised because he had a fine head of hair – clearly it was working!

Minoxil is occasionally used systemically in severe hypertension resistant to other drugs.

When applied in a topical solution it is indicated for alopecia and male pattern baldness. It is available in two strengths – 2 per cent and 5 per cent, with the latter reserved for male baldness.

Only a small amount of the solution is thought to be absorbed systemically, so the risk of side-effects is thought to be low in practice, but these increase in the stronger solution, particularly if applied to a wider area.

Product details include tachycardia as a potential side-effect.

The patient information leaflet for Regaine Extra Strength lotion (minoxidil 5 per cent) includes a warning to stop using the product if the user experiences "chest, arm or shoulder pain, severe indigestion, palpitations (rapid heart beats)....etc".

Jill asked Peter whether he was aware of this, but he replied that he always threw away the leaflet with the box.

She told Peter to stop using the lotion until he had spoken to the hospital specialist, when he should mention using the lotion as well as telling him about the antidepressants. He thanked her for this information, and Jill told him that she would let the GP know about the minoxidil just for the record.

What the consultant said

A couple of weeks later Peter came in to see Jill. He said that the consultant had taken him off the antidepressants as he felt that they wouldn't help his heart condition. He said Peter should stop using the hair lotion, just to be on the safe side, and that his health was more important than his vanity.

Peter thanked Jill for suggesting that he mentioned these things during the hospital visit, as it would not otherwise have occurred to him.

He was now off the amitriptyline and had been given some diazepam as a short-term measure to help his anxiety.

In reflecting on this, Jill wondered if she should have been more assertive with the GP. She also realised that she needed to discuss the sale of Regaine with the counter staff.

From now on, she wanted to try to ensure that the pharmacist on duty counselled every minoxidil customer personally, and that sales should be entered onto the customer's PMR, just in case.

Revealing confidence in psoriasis

ilkis® Ointment Prescribing Information

resentation: 3 micrograms/g calcitriol ointment. **Indications:** Mild to moderately severe plaque psoriasis *soriasis vulgaris)*. **Dosage and Administration:** Adults Only - Apply twice daily (morning & evening) before etiring and after washing. There is limited clinical experience available for this dosage regimen of more than weeks. **Contra-indications:** Patients with kidney/liver dysfunction, hypercalcaemia, abnormal calcium etabolism, on systemic treatment of calcium homeostasis, or sensitivity to any ingredients. **Precautions nd Warnings:** Not to be applied to the face. Not recommended for use on more than 35% body surface rea, maximum use 30g per day. Do not cover with occlusive dressing or use substances which stimulate bsorption. Reduce or discontinue use if sensitivity or severe irritation occurs. **Side Effects:** Skin irritation eddening or itching). **Interactions:** Use with caution in patients receiving medications known to increase erum calcium levels, calcium supplements or high doses of vitamin D. Concomitant use of peeling agents, stringents or irritant products may increase irritant effects. **Pregnancy and Lactation:** Not recommended uring pregnancy or lactation unless considered essential by the physician. **PL Number:** PL 10590/0047. **'ackage Quantities and Basic NHS Cost.** Tubes of 100g (£24.00) or 30g (£7.20). **Legal Category:** POM. **ull prescribing information is available from the marketing uthorisation holder:** Galderma (UK) Limited, Galderma House, Church ane, Kings Langley, Herts. WD4 8JP, UK. Tel: +44 (0)1923 291033, Fax: 44 (0)1923 291060. **Date of preparation:** March 2002.

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New confidence in psoriasis

Can insulin trial beat NSF goals?

A novel insulin analogue is being trialed to see if it can better national diabetic treatment goals.

The National Service Framework for Diabetes sets a target of 7 per cent for glycolated haemoglobin (HbA1c) in diabetics. HbA1c is an indicator of blood sugar levels over the preceding three months and it can be used as a guide to determine how well patients are controlling their sugar levels.

The ATLANTUS trial is studying insulin glargine to see if it can beat the NSF's target and is aiming for an HbA1c level of 6.5 per cent. This is despite the current 7 per cent level being difficult to achieve.

The difficulty in achieving the target is because existing insulin preparations can produce high peak concentrations that can cause hypoglycaemia. But this problem may be overcome by insulin glargine. This form of insulin has been described by the *American Journal of Health-System Pharmacy* as exhibiting a flat pharmacokinetic profile with a duration of action of at least 24 hours.

This profile may provide the key to obtaining the optimal insulin regimen for diabetic patients. Ideally this should be a continuous steady secretion of insulin resulting in a consistent base-line insulin level. This is accompanied by rapid rises in insulin in response to meal-related glucose elevations that return quickly to base-line level postprandially.

The current basal insulin of choice is isophane insulin because of its consistent and fairly predictable activity. But it produces a peak effect between four and eight hours after administration, which may induce hypoglycaemia in some patients, particularly following bedtime doses, says the journal. Insulin glargine has a similar profile to isophane insulin but with a lower frequency of hypoglycaemia, due to its peakless profile.

Insulin glargine has been available in the USA since 2001 and is expected in the UK in September.

For more information:

www.ashp.org

Am J Health-Syst Pharmacist Vol 59 Apr 1, 2002

Vitamin C as good as azithromycin for bronchitis

You can't beat good old vitamin C when it comes to acute bronchitis, according to *The Lancet*

The macrolide antibiotic azithromycin is no more effective than low-dose vitamin C for the treatment of acute bronchitis, claims a study in *The Lancet*.

Some 220 patients with a cough of two to 14 days duration and who were diagnosed with acute bronchitis were recruited for the trial.

They were randomly assigned azithromycin 250mg or vitamin C 250mg for five days. In addition, all patients received a salbutamol inhaler and dextromethorphan.

The rate of improvement was the same for both groups and salbutamol was considered effective by 81 per cent of patients.

The authors conclude that azithromycin is ineffective and should not be prescribed for patients with acute bronchitis.

However, more effective management strategies for acute bronchitis are needed, say the authors, because patients require GPs to "do something". These demands should not be met with "defensive use of ineffective antibiotics", says the study.

For more information:

www.thelancet.com

Lancet 20022; 359:1648-54.

Once is enough for Xalacom

Xalacom can be more effective than Cosopt

Xalacom (latanoprost 0.005 per cent and timolol 0.5 per cent) once daily is more effective in reducing intraocular pressure (IOP) than Cosopt (dorzolamide 2 per cent and timolol 0.5 per cent) twice daily, according to research presented last week.

Some 251 patients with primary open angle glaucoma or ocular hypertension used either Xalacom or Cosopt in the trial.

Xalacom recorded a significant difference in IOP reduction of 1mmHg compared to Cosopt, claims the study presented at the Association for Research in Visual and Ophthalmology annual conference in Florida, USA.

After three months of treatment, mean IOP reduction for Xalacom was 9.4 (+/- 0.27) mmHg and 8.4(+/- 0.26) mmHg for Cosopt.

Patients in both treatment groups experienced eye pain and irritation, but only the Cosopt group reported taste disturbance as an adverse effect.

Etanercept for 'rapid improvement' in joint disease

Patients with ankylosing spondylitis show a rapid, significant and sustained improvement in their condition when treated with etanercept, an inhibitor of tumour necrosis factor α.

After four months of treatment 80 per cent of patients treated with etanercept demonstrated an improvement in their condition compared to 30 per cent in the control group, says the study in *The New England Journal of Medicine*.

Forty patients with active, inflammatory ankylosing spondylitis were randomly assigned to receive twice-weekly injections of etanercept or placebo for four months. Patients treated with etanercept had marked reductions in stiffness, pain and functional limitations. They also showed a greater improvement in quality-of-life measures, particularly those relating to physical functioning and health and bodily pain.

The authors say long-term studies with larger numbers of patients will be necessary to address the issue of safety and to determine the effects of etanercept on the progression of spinal ankylosis.

For more information:

www.nejm.org

N Engl J Med 2002; 346:1349-56.


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Mailed directly to patients' homes, *Your Heart* is a unique educational programme for patients starting treatment with ISTIN™ (amlodipine besylate) CARDURA™ XL (doxazosin XL) LIPITOR™ (atorvastatin).
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Marketwatch

Scriptlines

Rosemont offers ulcer solution

Rosemont has launched ranitidine oral solution (150mg per 10ml) for the treatment of duodenal ulcer, benign gastric ulcer, the prevention of NSAID associated ulcers, post-operative ulcers, Zollinger-Ellison Syndrome and oesophageal reflux disease.

Depending upon the indication the initial dosage varies from 150 to 300mg twice daily.

Once opened, the mint flavoured sugar-free solution has a shelf life of one month. It is available from wholesalers.

Price: £22.32

Pack size: 300ml
Pip code: 110-0684
Rosemont
Tel: 0113 2441999.

Coversyl adds diuretic tablets

Servier will launch Coversyl Plus tablets (perindopril 4mg and indapamide 1.25mg) next week.

It is indicated for patients whose hypertension is inadequately controlled on perindopril alone.

The recommended dose is one tablet before breakfast. Coversyl Plus is contraindicated in dialysis patients or patients with renal insufficiency, and in patients with untreated decompensated heart failure.

Undesirable effects include headache, dizziness, mood and/or sleep disturbance, cramps, a dry cough, skin rashes, abdominal pain, taste disturbance and maculopapular eruptions.

Price: £14.63

Pack size: 30 tablets
Pip code: 285-2952
Servier Laboratories
Tel: 01753 662744.

Frontshop

Bigger splash for Clarityn

Schering-Plough is introducing a larger Pharmacy only 21 tablet pack for Clarityn Allergy tablets, each containing loratadine 10mg.

The seven-tablet pack of Clarityn Allergy is now available for self-selection following the recent switch of loratadine to GSL in smaller pack sizes.

The 21-tablet pack offers a 30 per cent saving compared with the seven-tablet pack and is designed to appeal to regular or family users. The brand is being supported by a £1 million TV campaign over the next six weeks to coincide with the hay fever season.

New point of sale material includes eye-catching electronic units with vibrating pollen balls for both window and floor displays. Flashing shelf edgers are available to highlight the hay fever fixture.

A consumer leaflet advising on allergies is also available for pharmacies.

Price: 7 pack £4.45, 21 pack £8.99

Pip code: 7 pack 226-6997, 21 pack 286-2464
Schering-Plough Ltd
Tel: 01707 363636.

Breast care from the USA

A US range of breastfeeding care products is being introduced into UK pharmacies.

The Lansinoh range includes a pure lanolin nipple topical treatment and absorbent disposable breast pads. Lansinoh Lanolin nipple treatment is suitable for new mothers suffering from sore and cracked nipples. It has been endorsed by the breastfeeding organisation La Leche League International in the USA.

Lansinoh breast pads are ultra thin and contoured to fit the natural shape of the breast. The pads are 2mm thick and contain an absorbent polymer that draws excess moisture away from the breast, ensuring the nipple remains dry. Adhesive strips keep the pad in place.

Price: Pads £3.95 for 42, Lanolin £9.95 for 56g tube

Styrox UK Ltd
Tel: 01252 316626.

Beconase big heads back on TV

Beconase Hayfever Spray will be back on TV from May 20 until the end of June.

An updated version of the "big heads" animated commercial first shown last year, will target 16-34 year old hay fever sufferers.

It features a girl in a city park, clearly suffering from hay fever symptoms including a groggy head that feels enormous.

Her symptoms are relieved after using the product and her head shrinks back to its normal size, allowing her to enjoy the summer outdoors.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

Torbet launches lubricant pessary

Norwich-based Torbet Laboratories is launching an insertable vaginal lubricant into the UK.

Lubrin vaginal inserts are already available in other countries including the USA.

The uncoloured insert is designed to quickly alleviate vaginal dryness and provide prolonged lubrication. The formulation is unscented, non-staining and non-messy.

The product comes in two sizes and can be used in conjunction with condoms and diaphragms.

Price: 5s £3.85, 10s £6.60

Pip code: 5s 287-8239, 10s 287-824
Torbet Laboratories Ltd
Tel: 01603 735200.

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www.rnpfn.co.uk/moneyspinner

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Date of birth ___|___|___ **Sex** **Male** ☐ **Female** ☐

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Frontshop

Eumovate shows who's in charge

Eumovate Eczema and Dermatitis Cream is in the public eye with a £2.7 million TV campaign running from May 20 to June 24.

This is the first national showing of "the voice" – a commercial which made its debut as a test in selected regions earlier this year.

It features a working woman taunted by the irritating voice of skin flare up – the condition associated with eczema and dermatitis.

The commercial explains that the product clears a flare up attack and ends with the sign-off "Eumovate – show skin flare up who's in charge".

The TV advertising will be followed by a £300,000 press campaign which shows the TV character wearing boxing gloves and features the strapline "How do you fight the urge to scratch?"

For more information:
GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

Limited edition razor targets football fans

Wilkinson Sword is launching a limited edition Protector 3D Diamond football razor for the run up to the World Cup.

The black and white football-themed razor is backed by a marketing campaign to increase awareness among the brand's target audience.

Over 200,000 sample razors will be given away in a commemorative World Cup pack in the July issue of *Maxim* men's magazine.

Price: £3.99
Wilkinson Sword Ltd
Tel: 01494 533300.

Lick eyebrows into shape

Original Additions has launched a wax product especially for shaping the eyebrows into the Wax A Way range.

Wax A Way Eyebrow Shapers are pre-cut strips contoured to remove the hair under or above the eyebrow to create a perfect arch.

The product is designed to provide a fast, easy-to-use way to remove hair and shape the eyebrows instead of tweezers.

The strips can deal with the smaller, finer hair as well as the heavier brow hairs.

Initially introduced in Boots last month, the product is now available to other pharmacies.

Price: £2.49
Pack size: 21 applications
Pip code: 287-0285
Original Additions (Beauty Products) Lt
Tel: 020 8573 9907.

L'Oreal tackles rebel hair

L'Oreal is tackling the problems of dry, frizzy and rebellious hair with the launch of a three-step hair care programme in June.

Elvive Smooth-Intense with Nutrileum comprises a shampoo, conditioner and anti-frizz serum.

The active ingredient in all three is Nutrileum – a combination of a silicone derivative and camelina oil. It has been developed by L'Oreal to intensively nourish, detangle and discipline hair.

Micro-emulsion technology has been used to create the shampoo which is transparent rather than opaque.

The non-rinse serum has a light, non-greasy formula and is suitable for use while blow-drying.

Price: shampoo and conditioner £2.39 (200ml), £2.99 (300ml), serum £6.99 (100ml)
L'Oreal Group UK.
Tel: 020 8762 4000.

Seen On TV

Bazuka that verruca

For the treatment of verrucas, warts, corns and calluses

CLINICALLY PROVEN

- Uniquely formulated, clinically proven treatment
- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary
- Simple, once-daily application

bazuka™ Gel

for the treatment of verrucas, warts, corns and calluses

salicylic acid, lactic acid

Extra strength treatment for verrucas and warts

PHARMACY ONLY

- Uniquely formulated extra strength treatment
- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary
- Simple, once-daily application

EXTRA STRENGTH bazuka™ Gel

Extra strength treatment for verrucas, warts, corns and calluses

salicylic acid

NO NEED FOR PLASTERS

KA Trademark and Product Licences held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Indications:** For the treatment rucas, warts, corns and calluses. **Directions for use:** For adults, the elderly and children: Once daily apply one or two drops of the gel to the lesion and allow to dry, taking care to avoid the normal surrounding skin. llowing day, carefully remove the dried patch and apply fresh gel. Once every week, before re-applying fresh gel, gently rub the treated surface using the emery board provided. Continue treatment until the condition has ed. This may take up to 12 weeks for certain verrucas and warts. **Contra-Indications:** Not to be used on the face, neck, intertriginous or anogenital regions, or by diabetics or individuals with poor blood circulation. be used on moles, birthmarks, hairy warts, or any other skin lesions for which the gel is not indicated. Not to be used in cases of sensitivity to any of the ingredients. **Precautions and Warnings:** Keep away from the mucous membranes and from cuts and grazes. Avoid spreading onto normal surrounding skin. Do not use excessively. Avoid inhaling vapour and keep cap firmly closed when not in use. Avoid contact with clothing, s, plastics and other materials, as it may cause damage. **Side-effects:** Some mild, transient irritation may occur, but in cases of more severe irritation or inflammation, treatment should be discontinued. Bazuka Gel Bazuka Extra Strength Gel are highly flammable – Keep away from flames. Store at room temperature, not exceeding 25°C. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY. **Category:** P **Packs:** Bazuka Gel (PL0173/0161) – 5g RSP £4.95 (£4.21 exc. VAT). Bazuka Extra Strength Gel (PL0173/0154) – 5g RSP £5.75 (£4.89 exc. VAT).

Wake up call from Calpol

Pfizer Consumer Healthcare is supporting Calpol with a £3 million TV and press advertising campaign this summer.

The advertising focuses on the role the brand can play in meeting the changing needs of parents of children up to pre-teenage.

Parents of babies will be able to relate to a TV commercial featuring the 4am wake-up call of a crying baby and the need for a 'snooze' button or relief provided by Calpol Infant Suspension.

Another commercial focuses on Calpol Fast Melts and features a schoolboy who has grown out of his trousers. The strapline is "at least he won't grow out of Calpol".

The press campaign will appear in women's and parenting magazines throughout the summer.

For more information:

Pfizer Consumer Healthcare
Tel: 023 8064 1400.

Piriton works to burst the summer allergy bubble

GlaxoSmithKline is supporting Piriton with a £1.9 million TV advertising campaign which breaks on May 20 and will run throughout the allergy season – at least until the end of June.

The 'bubble family' TV commercial empathises with the distress caused to both parents and children by various allergies. It demonstrates that people can't be wrapped in cotton wool all summer.

A 30-second commercial features Piriton Allergy Tablets and Piriton Syrup, while a shorter version features the adults in the family and focuses on Piriteze Allergy Tablets.

In addition, a £120,000 press campaign will run in parenting titles from July until the end of the year.

It will highlight the suitability of Piriton Syrup for children aged one year and over for a range of allergies.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.

Crookes cuts larger Nurofen Plus packs

Crookes Healthcare is ceasing supply of 48 and 72-tablet pack sizes of Nurofen Plus (ibuprofen 200mg, codeine 12.8mg) with immediate effect.

Supplies of the 12 and 24-tablet pack sizes of Nurofen Plus are unaffected. The company says this action will have no effect on other products in the Nurofen range.

For more information:

Crookes Healthcare Ltd
Tel: 0115 953 9922.

Smokers can log on for personal quitting plan

Smokers wanting to quit can log on to a new Niquitin CQ online support plan.

The brand's website will help them develop their own individual Committed Quitters Stop Smoking Plan (CQ Plan) which they will receive within 24 hours.

The CQ Plan analyses individuals' specific motives for changing their behaviour: perceived barriers to changing; high-risk situations; self-confidence and social environment.

Smokers can answer over 60 carefully selected questions to provide the right information on their smoking behaviour, helping to develop a tailored plan for each individual.

The CQ Plan is free to users of Niquitin CQ Patches or Lozenges.

For more information:

www.niquitincq.co.uk

Rimmel plays it cool

Coty will launch a new cream eyeshadow in the Rimmel range in July.

Rimmel Watercool Shadow has a light formula containing 50 per cent water so it feels fresh and moist when applied.

Presented in a transparent tube, the product comes in four iridescent shades.

● A Rimmel London lipstick range will also be launched in July. Sheer Temptation Fresh Lip Shine Lip Colour has a slick, non-stick, wet-look formula with transparent lip colour.

The range comprises 10 shades, all with a fresh watermelon flavour. The lipstick comes in a metallic pink case.

Price: eyeshadow £3.49, lip colour £4.49,

Coty (UK) Ltd
Tel: 020 8971 1300.

TV next week

Beconase: All areas except U, CTV
Benadryl Allergy Relief: B, G, Y, A, HTV, W, M, LWT, TT
Bodyform Micro: All areas
Calpol Fast Melts: All areas except U
Eumovate: All areas except U, CTV
Imodium: All areas
Lil-lets: All areas except GTV, C, CTV, GMTV
Lucozade Energy: All areas except U, CTV
Lucozade Sport: All areas except U, CTV
Macleans Whitening: All areas except U, CTV
Movelat Relief: C5
Nivea Sun firming lotion: All areas
Oxy: Sat
Panadol: All areas except U, CTV
Piriton: All areas except U, CTV
Ribena: All areas except U, CTV
Seven Seas Neutra Taste: Y
Zovirax: U

PharmaSite for next week: Piriton – Window, **Beconase** – In-store **Canesten Once** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Play the retail game

Pharmacists need to keep making a noise about OTC medicines, says UniChem sales and marketing director Martyn Ward

The winter period has been seen as critical for determining the future direction of the OTC medicines market in the wake of resale price maintenance. January and February was the 'risk' perio for the coughs and colds sector, says Martyn Ward.

"There was some promotional activity in supermarkets but belo the level I would have expected," he says. UniChem's pharmacist consultative boards are giving the general message that the loss of RPM has not affected them. But is this true?

Mr Ward remains wary. Pharmacists have to keep up thei guard, he says. They need to kee up their branded promotions and make some noise about OTC medicines.

"We are still getting 60 per cer of pharmacists saying they are waiting to see what will happen!

That is unacceptable after all this time. What do they expect to see?" Even if their pharmacy is nowhere near a supermarket, pharmacists tend to overlook the fact that people have to buy food from somewhere and will be exposed to promotional activity.

Manufacturers report there has been brand switching rather than volume increases, he says, but the bottom line is that medicines are not that price sensitive. "No one has been able to convince me that there is price elasticity in OTC medicines. Selling some lines at a low price does not lead to an overall growth in the market."

Supermarkets will play a long term game, he warns. "I still have this hope that the loss of RPM can be turned into an opportunity. Consumers do not understand the difference between P and GSL products. They never understood what RPM was about. Their perception was that grocery was already cheaper."

His argument is that if pharmacists use own-brand correctly then they have the opportunity to create their own price proposition within pharmacy. UniChem Brand Club was launched on the back of this idea (*C&D February 16, p26*). By the end of April it had recruited over 1,800 members.

"Drawing on experience from Moss Pharmacy, we know its average store does £400 per month in own-brand sales at trade price. The average independent does £100 a quarter of that. We want to bring Moss performance through to independents," says Mr Ward. "It's basically down to merchandising it properly."

For pharmacists who feel they can do without own-brand, he advises an educational trip to the local supermarket, where 40–50 per cent of total sales are likely to be own-brand. Ten years ago it was called own-label but now consumers have a completely different perception.

"It is now seen as a quality alternative but at a lower price, rather than an economy option. Customers expect to see own-brand in other retail outlets. If pharmacies use it properly consumers will buy," he says.

The Brand Club follows a similar format to UniChem's other front shop programme, Counter Attack. It also utilises the marketing principles drawn up for the wholesaler's Community Pharmacy Initiative. "It is all about using simple techniques effectively," says Mr Ward.

Matters arising...

- Three UniChem/Londis pharmacies now open, and another four are in the process of converting. Twelve more leads being followed up. The Copthorne store, the first to open, is showing a 16 per cent sales increase (scripts plus OTC) since redevelopment. St Helens is up 7.5 per cent.

  There are not likely to be more than 100 such stores, says Mr Ward. The proposition might not appeal to everyone since two key categories in such outlets are drink and cigarettes, which can account for up to 50 per cent of turnover.
- UniChem's CPI Plus scheme is gaining momentum. There were 68 pharmacies enrolled by the end of April. UniChem provides merchandising and an inventory audit, plus quarterly remerchandising. There is an eight week transition process. "We are aiming for 300 by the end of the year, but it is a quality game rather than a quantity one," says Mr Ward. CPI trial accounts were showing 19 per cent growth in counter sales between June 2001 and Feb 2002 compared to the same period 12 months ago.
- The generics market was down 35 per cent in value terms in 2001. There are no obvious shortages, says Mr Ward, and he is not sure where the Government inquiry is going.
- Training is a topic which keeps cropping up at Pharmacist Consultative Boards, with interest in customer service, link selling and managing people. UniChem is looking at the Moss training programme and seeing how it can be taken out to independent customers. Training weekends are still on the agenda – the most recent was at Lake Windemere on April 19.
- UniChem's agreement with GSK on the +Plus scheme only runs for 18 months, so will be up for renegotiation before mid 2003.

"It is all about using simple techniques effectively"

Pharmacists' prescribing: the way forward

Lindsay Taylor, clinical governance and NHS information manager at Lloydspharmacy, looks at the changing face of community pharmacy

Ever since the publication of the NHS Plan and *Pharmacy in the Future* it has been obvious that pharmacists face major change if they are to survive as a professional group. In community pharmacy, those of us able to rais our head from the dispensing bench and take in the wider picture can see another of those crossroads fast approaching!

There is real evidence that many of the promised changes to service delivery in the NHS are being implemented. The Government is focused on widening access and improving the quality of clinical care. The more effective use of community pharmacists is just one initiative designed to fulfil the vision.

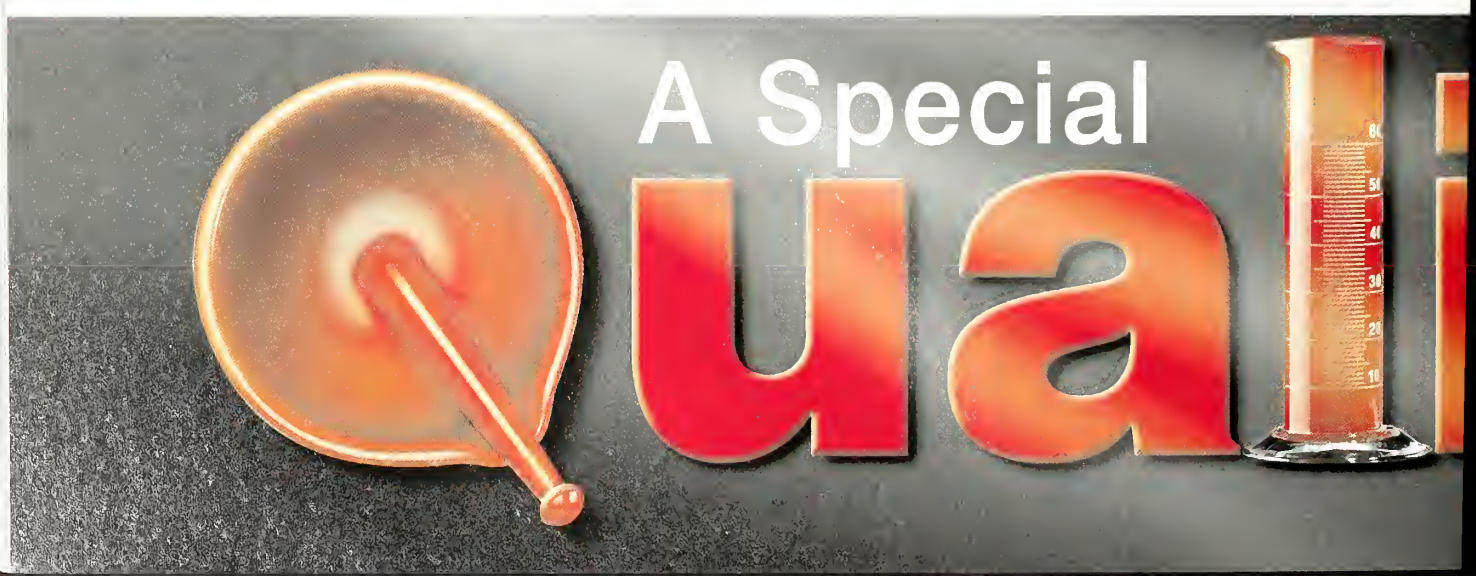
However, in the 'new NHS', the absolute need to widen access to healthcare is accompanied by a requirement to ensure that any service is also a quality service. *Building a Safer NHS for Patient* acknowledges the need for improvements in the activities of prescribers.

So, those of us responsible for planning the implementation of new roles face many challenges, not least the ambitious timescales. For example, the Department of Health expects pharmacists in England to be acting as prescribers by spring 2003.

I was recently involved in running a two-day workshop for 50 pharmacists with the aim of identifying the educational needs and other issues associated with the introduction of prescribing.

The idea came from a meeting of the Pharmacy Education Collaborative, set up by the College of Pharmacy Practice an the Centre for Pharmacy Postgraduate Education to identify educational needs implicit in the NHS Plan.

The group represents pharmacists in multiples,



A community pharmacist perspective

The mix of pharmacists from all branches of the profession ensured a truly wide-ranging approach.

Of the four routes examined, PGDs have been widely implemented and their benefit demonstrated. As pharmacists, we are counter prescribing on a daily basis.

The issue is who is going to pay? Current indications are that, initially, pharmacists will be supplementary prescribers.

Are we ready for this? We should examine our current situation and the skills we may need to carry out this new role. Are there any resource implications we should consider? Is there a suitable area within your pharmacy? What about support staff?

It is generally agreed that pharmacists should be competent to prescribe. Do we have the necessary skills base – and what about training? What format should the training take? Is this an area where we should demonstrate ongoing competence? I believe it is.

secondary, primary care and academia, and organisations such as the National Prescribing Centre and the Royal Pharmaceutical Society.

One aspect of the event that made it unique was the opportunity to work closely with people from different fields of practice. Another was the joint sponsorship by three multiples (Boots The Chemists, Lloydspharmacy and Moss Pharmacy) usually regarded as competitors.

Each session consisted of a presentation and a workshop in which the group was asked to consider a question from each of four prescribing routes. This format used the experience of all branches of the profession to help identify the skill needs and service issues arising from the planned development of pharmacy prescribers.

Although initially, at least, pharmacists will act as supplementary prescribers (route two), the possibility of independent prescribing (route one) and working under patient group directions (route three) was included in the discussions. Route four was termed 'POM to P prescribers' and seen as particularly relevant in the light of recent proposals to reclassify the POM to P status of various medications in chronic care.

1. So what are the benefits to patient care of pharmacists acting as prescribers?

There will be improved access to NHS services, but it was clear the benefits to patients need to be balanced against the necessary constraints to ensure patient safety. Some of the more specific points are in table 1.

2. What are the implications if all pharmacists are to be entitled to prescribe every medication to every patient by each of the prescribing routes?

Faced with such a wide brief, the outcomes from each group were even more diverse and encompassed advantages and disadvantages to pharmacy and other professions, and to patients and the NHS.

Common issues included the need to introduce constraints and address quality by careful selection, training and validation. There was also the question of accreditation and registration, workload implications, and how to manage patient expectations and determine the knowledge base.

A particular focus that everyone was asked to address concerned 'competence' – how should it be defined, maintained and checked? What are the gaps between existing competencies and what is needed? What are the preferred CPD methods of acquiring competence to prescribe?

The groups were expected to link their responses to experiences of nurses, as described in the NPC booklet *Maintaining Competency in Prescribing*.

3. How can the use of IT support pharmacists in a prescribing role?

The value of IT in this respect was widely recognised, although it came as a revelation to some that community pharmacists do not routinely have access to the NHS Net and cPACT in practice.

The much more widespread use of resources such as Prodigy and DrugInfozone in secondary care highlighted the overriding concern that prescribing cannot be done in an evidence-based manner without the necessary information, which is best accessed electronically.

The possibility for community pharmacy involvement must be resolved as a matter of urgency.

The last workshop asked the vital question "what next?".

The previously agreed objective – to learn from the experiences of others and to work with the RPSGB taskforce – is useful, but the need for a scheme by Spring 2003 demands immediate action.

Using the workshop outcomes is a priority for the organisers. There is also an agreement to use the expertise of others, including nurse prescribers and participants in schemes like those in Scotland.

Perhaps the first issue to address is what is meant by 'competence' to prescribe for pharmacists and how the gaps between what we currently do and what we need to be able to do in order to prescribe within the agreed constraints can be addressed – fast.

Table 1

	Route 1	Route 2	Route 3	Route 4
Disease management/ clinical benefits	Can focus on specific disease and items outside of NHS, eg Malaria	Repeat prescriptions: more able to plan improved patient care and follow up	Can target specific areas/problems, such as EHC for under 16s	Increases near patient testing and treatment
Patient safety	Community pharmacists have been individual prescribers for years	Reduce adverse events as record will include OTC and prescribed drugs	Imposes an agreed framework	Concern could lead to decreased monitoring of medication
Convenience	Medicine supply without visiting GP for patients who are exempt	Improved access and convenience with individual care	Reflect local clinical need	Anonymity for patient

Medicines vs food

Pharmaceutical prices are a controversial issue for poor, elderly patients, who are sometimes left with little to buy groceries. Tony de Nicola reports

The controversy over US prices of branded pharmaceuticals continues to rage. The battle between manufacturers, senior citizen advocacy groups and the government has created a scenario that will, in one way or another, impact on all US pharmacy providers. While the issues have not changed much, the strategies and tactics of each side continue to evolve. The key issues at this point are:

- seniors' desire to get the prices of brand name pharmaceuticals lowered to "affordable" levels for those who are retired on minimal income
- government's desire to help i this process (partly politically motivated, some say) yet avoid t issue of outright price controls reference pricing, a tactic which has not worked in the past in an arena and which is politically an economically distasteful to the American business community
- the companies' desire to maintain the status quo in terms of free market pricing of their innovator products, and provide benefit for those seniors who tru require it and are not covered by any other programs, private or government funded.

As you may recall from our la

report, a number of companies were beginning to offer discount plans for needy seniors, Novartis, GlaxoSmithKline and Pfizer being the leaders.

Since all the manufacturers recognise this is a relatively "painless" way to provide a discount benefit for seniors, a significant number have joined this group to create what is now known as the "Together Rx" card.

It links 10 major companies under one program, providing seniors access to more than 100 branded, sole source pharmaceuticals, mostly maintenance products, at minimal prices. The program will be administered by a division of McKesson, one of the country's largest wholesalers.

That said, Pfizer and Lilly have elected to go it alone, offering their own programs, each slightly different, each administered by Argus, a claims processor and PBM from the Midwestern US. Meanwhile, GlaxoSmithKline and Novartis, both involved in the Together Rx program, are still offering their own individual plans, each administered by different companies.

To compound the confusion, the NACDS (National Association of Chain Drug Stores) is offering a "Pharmacy One Care Card", a programme designed to unify the claims processing procedure for all these programs. Ideally this will make it both easier for seniors to access the programs and simple for pharmacies to participate.

NACDS' argument is that confused seniors will have to enroll in a number of programmes to get all the medications they need. They would therefore have to carry many cards to the pharmacy, slowing down the process of adjudicating claims.

The good news in all of this for pharmacists is hidden within the controversial activities and constant barrage of coverage in both general and trade press. When one gets past the issues of standardisation of plans and claims adjudication, the following facts jump out:

- these plans offer the pharmacist higher reimbursement than that offered by current managed care and Medicaid prescription drug programmes
- the claims adjudication and payment process will be folded into current US schemes, which are basically all in online, real time mode, providing adjudication at the time of dispensing and payment in less than 30 days.

When the dust settles, a lot of extra prescriptions should be filled in US pharmacies for these seniors, who currently either seek offshore or internet-based sources of drugs at lower prices or reduce or eliminate medicines when they have to choose between them and food. While no one can offer an exact number, it will no doubt be significant, as this demographic group is easily the largest in terms of prescription drug usage.

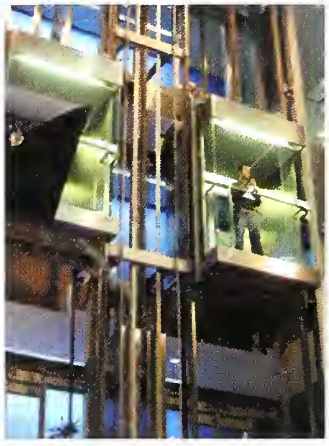
Payment for services reaches new heights

Pharmaceutical care, medicines management, patient care. Call it what you will, pharmacists around the world are focused more and more on how to get paid by someone – patient, carer, insurance company, managed care entity or government – for providing patient care services. As reimbursement for traditional pharmacy dispensing services continues to fall in most developed markets, pharmacists and their trade associations have continued to increase their efforts to get payment for the many services they provide that add value to the healthcare equation.

In the US, the situation has matured to the point that many pharmacists and pharmacies, both multiples and independents, are receiving payment for services of one kind or another. And they provide a vast range of services – some quite simple, others quite sophisticated. The source of payment varies too, as does the value placed on these services. The good news for pharmacists is that US pharmacies are making some solid progress in this arena. Given the concerns in the UK market over this issue, our British cousins need to keep a close eye on what's happening here in order to adopt or adapt components of the emerging US model that will meet NHS and other local standards and needs. Watch this space for more.

The model practises her dancing rhythm beforehand

Adding the finishing beauty touches for the camera



Special lighting was directed onto the floors above and below the lift as well as on the lift itself

The photographer is ready

Rhythm 'n' blues

C&D went behind the scenes for the filming of the latest Dulco-lax advertisement and discovered the ups and downs of photographing a model dancing in a glass-fronted lift

If you had to dream up a tasteful advertisement to boost sales of a laxative brand what would your gimmick be?

The chances are that a girl dancing in a moving lift wouldn't be the first thing likely to spring to mind.

But that's the concept chosen by Boehringer Ingelheim for its latest £1.2 million Dulco-lax press advertising campaign.

"Traditionally, laxative ads have explained the problem and how the product works," says Kate Dixon, brand manager. "But we wanted to create something quite different that appealed to a wider female audience."

Using the headline "help restart your natural rhythm", the campaign aims to communicate the liberating feelings experienced by the sufferer once the product has taken effect and constipation is relieved.

Ms Dixon explains: "The girl is so relaxed that she is prepared to dance in public. Movement and rhythm are associated with the rhythm of the lift and the rhythm of the bowel."

The advertising agency responsible for the concept specialises in healthcare communications, but how easy was it to actually put this idea into practice?

Scott Ford, account director at Paling Walters Targis, admits that a number of hurdles had to be overcome. "The biggest problem was finding a location with the right lift which we could use outside business hours.

"We needed one that gave us an unobstructed view of the model (including her legs and feet) dancing inside. And it was important that the lift didn't have another panel of glass outside because we were using flash photography."

The agency had to enlist the help of a special location-finding company which scoured areas surrounding London before coming up with the ideal lift in a five-storey office building in Reading.

The next stage was the casting to find a suitable model and no less than 40 women were auditioned before the final one was chosen.

Mr Ford explains: "We were looking for someone the brand's target age group of 30-50 could identify with.

"She had to have zest and vibrancy and be able to move with style. As part of the audition the models had to dance in front of us – without any music!"

All set for the photographic shoot, a team of nine converged on the Reading building at 6.00pm on an appointed evening as soon as the last of the office workers had gone home.

Once the make-up artist and hair stylist had created the right look for the model, it was over to the photographer and his assistant to deal with the practicalities of photographing the actress dancing inside the lift.

As well as lighting the lift itself to emphasise the model, both floors above and below also had to b specially lit to achieve the desired effect.

Andrew Short and Katherine Day at Paling Walters Targis came up with the original idea for the advertisement

All seemed to be going smoothly until a fire alarm went off while the model was inside the lift and it immediately shot down to the ground floor!

Eventually, the weary team finished the shoot at 2.00am.

Now the agency had an image of a stationary lift but, to create the feeling of a moving lift, 'motion' still had to be added.

Mr Ford explains: "The initial image had to be static because we couldn't shoot a moving lift as we had to focus on the model.

"Vertical movement lines were mechanically added by retouching the photograph to create the feeling of motion."

Clever stuff eh?

Here's how the final Dulco-lax advertisement is appearing in women's magazines

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3. Is he aware of the payment methods of the PPA?	❑	❑
4. Is he aware of the average stock holdings of retail chemists of similar size to yours?	❑	❑
5. Is he interested in your business? And the future of your business?	❑	❑
6. Is he imaginative and proactive?	❑	❑
7. Does he guide you on how to increase your profits?	❑	❑
8. Does he insist on and help you prepare quarterly management accounts so that you know what profit you are making? What tax you will have to pay and discuss your profit margins with you so that you can work towards improving these and therefore your net profit?	❑	❑
9. Does he have contacts in the pharmaceutical industry with stock takers, EPOS providers, shop fitters, purchase/sale agents, and specialist finance providers?	❑	❑
10. Is your top rate of tax 20%? If not, why not? Are you therefore paying 40%?	❑	❑
11. Has he reduced your tax liability by 50% annually by restructuring your business. Average tax savings would be about £8,000 p.a.	❑	❑
12. Has he suggested the possibility of setting up a personal or company pension scheme (SIPPS or SSASs)? This would enable you to get tax relief and allow you to purchase commercial properties in your pension fund, without having to pay capital gains tax	❑	❑
13. Can he set up employee benefit trusts, allowing you to obtain a full tax deduction for payments made e.g. payments of £50,000 can reduce your tax liability by about £10,000	❑	❑
14. Can he set up an ERP? There are significant tax advantages of this scheme if set up correctly.	❑	❑
15. Has he set up offshore companies and trusts that allow you to accumulate vast amounts of wealth totally tax-free?	❑	❑
16. Does he help you plan to keep your wealth? Have you done your Inheritance tax planning?	❑	❑
17. Does he plan for the future sale of your business? The worst scenario should be a 10% tax liability, the best is no tax liability.	❑	❑
18. Do you receive advice throughout the year on how to reduce your tax bills?	❑	❑
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Christopher Henwood

Dr Colin Adair has been appointed director of the Northern Ireland Centre for Postgraduate Education & Training. He has been assistant director at NICPPET for 10 years and acting director since last November. The assistant director's post will be advertised in the next few weeks.

Christopher Henwood has been appointed managing director of Crookes Healthcare. He joined Boots as a senior product manager in 1983 and has held a number of senior posts within the Boots Group. Most recently he set up the Boots Healthcare International business in the Americas and Japan. His predecessor, David Stephens, has been appointed BHI board director of current best approach learning programme, to ensure market successes are effectively replicated throughout BHI territories.

Nucare has appointed a new regional business manager for South Wales and the west of England. **Joanna Jones** joins Nucare after three years as a business development manager at a major wholesaler.

Newly elected president for the British Society for the History of Pharmacy is pharmacist **Dr Stuart Anderson**, a senior lecturer at the Department of Public Health & Policy, London School of Hygiene & Tropical Medicine. The vice president is **Dr Shirley Ellis**.

Alix is no Panic Mechanic

Young, blond and female, knows more about cars than most, and works in the pharmacy department at Kidderminster Hospital. Sounds like a winning combination. But unfortunately it did not quite work out that way for pharmacy technician Alix Rowley when she appeared on BBC 2's *Panic Mechanics* last week.

The programme saw two teams competing to turn a Reliant Rialto three-wheeler into a dragster with just £2,000 and in 48 hours. Although the job was done, and the all-girl red team were favourites to win, Alix, in the driving seat, was held on the start line for eight minutes while the film crew adjusted camera angles. As a consequence the engine overheated and the clutch burnt out halfway up the course.

Alix has been racing competitively this year in the National Street Car Challenge – she is currently ninth in the league out of 48. The cars have to be street driven (taxed and MOT'd), but can be souped up with bigger engines and nitrous fuel. Alix used to drive to work in a demure 1956 Ford Anglia with a two litre Capri engine under the bonnet. She is currently rebuilding a 1932 Ford Victoria with a six litre Chrysler engine.

Draw winners

Andrew Snee from Hornsea in East Yorkshire wins the top £200 cash prize in the latest *C&D* Business Trends Survey draw, supported by UniChem.

Second prize of £100 goes to Gill Mott of Keepham, Norfolk and £50 goes to John Hinder of Babbacombe, Torquay and Samith Chadra of Cheadle, Cheshire.

Thanks to all of you who completed your survey forms. See next week's *C&D* for the results.

Second pharmacist in Liverpool appointed deputy Lord Mayor

Ron Gould, a community pharmacy locum, has been appointed deputy Lord Mayor of Liverpool City Council.

Mr Gould's appointment, which is likely to progress to that of Lord Mayor, follows that of another pharmacist, Eddie Klein, who filled the top Council position a couple of years ago.

Liverpool LPC secretary Jeremy Clitherow was pleased that this week's appointment continues a "good tradition" by having a community pharmacist at the centre of the Council.

He describes Mr Gould as a long-standing member of the Council and a high flyer, who has been very active in the city.

Are you ready to take remedial action?

Depending on the Sunday newspaper habits of your customers, you may find yourself inundated with requests for some good old fashioned cures.

Among these might be Ung Hydrarg Ammon Dil or Rhubarb Comp Powder, aka Gregory's Powder.

The merits of these were extolled in the *Sunday Telegraph* last week by readers who had reported their usefulness to resident GP scribe Dr James Le Fanu.

Dilute ammoniated mercury ointment was reported to heal cracks around the mouth in a day or two, and Gregory's Powder was recommended as "a wonderful stomach sedative with no side effects".

The readers had had the sense to buy up stocks when they became aware that the products were likely to be discontinued.

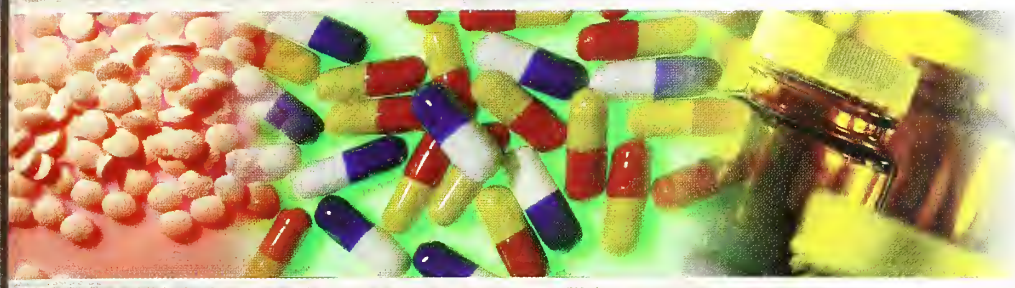
In a fit of nostalgia, Dr Le Fanu picked out a few more gems from the *BPC 1954* such as Zanzibar Aloes, Ceylonese Columba and Easto Syrup.

The doctor noted: "Well, Gregory's Powder is apparently no more and, despite repeated enquiries, neither the chemists nor their suppliers appear to know anything about it."

He advised his correspondent to try to locate a chemist who is still versed in *sapienta veterum*, the wisdom of the ancients, who might be able to make up a batch of Gregory's Powder.

Further, Dr Le Fanu said h would be "interested to hear from others whose favoured remedies have vanished from the chemist's shelves".

Is this summer one in which those rarely used compounding skills will be exercised?



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